

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION

WILLIAM W. ROBLEE.....President
CHARLES A. DUKES.....President-Elect
LOWELL S. GOIN.....Speaker
KARL L. SCHAUPP.....Council Chairman
GEORGE H. KRESS.....Secretary-Treasurer

OFFICIAL BUSINESS ASSOCIATION ACTIVITIES

1. *Address of President W. W. Roblee to House of Delegates at Special Session in Los Angeles, December 16 to 17, 1938.*
2. *Report of the Council to the House of Delegates, on Medical Service Plans.*
3. *Enabling Resolutions of the House of Delegates.*
4. *Minutes of the Two Hundred and Sixty-Ninth Meeting of the Council.*
5. *Press Items Concerning the Special Session of the House of Delegates.*

DEPARTMENT OF PUBLIC RELATIONS

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ADDRESS OF PRESIDENT W. W. ROBLEE

AT THE SPECIAL SESSION OF THE HOUSE OF
DELEGATES HELD IN LOS ANGELES,
DECEMBER 17-18, 1938

Mr. Speaker and Members of the House of Delegates of the California Medical Association:

I extend to you greetings from your elected officers and the Council. You may rest assured that you would not have been put to the inconvenience, and the Association to the expense, of this special meeting if we had not felt that the gravity and urgency of the issues involved made it necessary.

This is the second time in the history of the Association that such a session has been called. In both instances the apparent urgency for the Association to consider the problems connected with sickness insurance was the motivating influence.

WHY WAS THE SPECIAL SESSION CALLED?

The question has been raised by some of our members, "Why the haste? Is the Council trying

to put something over on us without giving the members an opportunity to consider the problem with full knowledge and deliberation?" You are entitled to an answer to that question.

Your Association is rendering the individual doctor many and varied services. In addition to the work done at the central office, by your officers and by the Council, there are seventeen standing committees and several special committees which have oversight of Association activities during the interval between annual sessions. Four of these committees have had oversight of various phases of this problem. The sickness insurance problem has been actively before us for many years. The report of the Wilbur Committee on the Cost of Medical Care focused our attention on this subject. Many of you remember the hectic session at Riverside when a plan proposed by the Council was rejected, and in its stead the Committee of Five was created and our own "California Medical Economic Survey" ordered.

That was in many respects a sad and very expensive experience. We did, however, learn some valuable lessons, notably that where any money is involved no bill can pass the Legislature that does not give the politicians control, and that a survey directed by a lay economist is bound to be factually faulty and the conclusions misleading.

Following this experience the agitation within our own ranks for some radical and all comprehensive compulsory action became quiescent in the state. Unfortunately, this happy condition did not obtain elsewhere. Because of present and prospective economic uncertainty on the part of many of our citizens a ready field was at hand for the planting and propagation of many bizarre and curious economic plans. These seemed to center about the problem connected with the aged and the sick. These elements in our population have a universal appeal and were pushed as the "guinea pigs" for mass socialized experimentation.

MOTIVATING FACTORS IN SOCIALIZED MEDICINE

The factors which have brought the problem of socialized medicine before us acutely at this time are:

1. *The Attitude and Activities of the Federal Government:*

The report of the Interdepartmental Committee to coordinate health and welfare activities under the chairmanship of Josephine Roche, with its sweeping recommendations, following as it did the very radical statement by Senator Lewis to the Atlantic City session of the American Medical Association House of Delegates, focussed our attention on the imminence of socialized medicine

under federal control. A call was immediately issued for a special session of the American Medical Association House of Delegates, this being only the third time in the history of the Association that such a call had been issued. The attitude of organized medicine was clearly set forth and a committee was appointed to confer with the federal group. This conference was held October 30, 1938. The results were not particularly encouraging. In a joint interview following the conference by Dr. Irvin Abell and Miss Josephine Roche reported in the November 18 *Journal of the American Medical Association* "it was pointed out that the conference had reached no definite conclusions or specific plans for coöperation, nor had there been any abandonment of specific position taken by either group in relationship to the program." Doctor Abel further stated "while tentative agreement in principle, not in methods of application, was reached on four of the recommendations, the conference was stymied by the question of compulsory sickness insurance."

It is, therefore, quite evident that the Interdepartmental Committee will sponsor in Congress, with the approval of the federal officials, measures that, if enacted into law, will make profound and, we fear, detrimental changes in the care of the sick citizen.

The fact that the program is one of subsidy whereby states and local units are obliged to match the federal funds, is a possible way out. If California can be shown that the sickness insurance problem is in process of satisfactory solution here it may serve as a block to the undesirable features of the proposed federal program.

2. *The California State Election of November 8, 1938:*

An election occurred in this state November 8. The result was a political overturn whereby the executive and the assembly portion of the legislative branches of our state government passed into the hands of the Democratic party. Judging from past experience with, and the preëlection statements of, the party leaders, we can expect state medicine to be sympathetically considered, if not actually pushed as a part of the state "New Deal" program. The Legislature meets in January, the voting begins in March, and we, therefore, have only a two and a half months' period in which to inaugurate a program of our own which will in a measure satisfy the radical demands and yet be able to keep the program under our control.

It may interest you to know that on this last Wednesday evening occurred the annual legislative dinner of the Public Health League of California. Various legislators were present. Governor-Elect Olson was en route to Washington, but sent his secretary. The secretary, in substance, spoke as follows:

"I don't want to say very much, but I do want to say a few words about medical insurance. I assume that you gentlemen are prepared to accept your responsibilities and do your duty in this regard, but if you are not we will be obliged to present a program of medical insurance to the Legislature."

3. *Farm Bureau Studies:*

Economic conditions confronting our great agricultural population have been very trying for the past several years. Many of our usually solvent, independent farmers have had great difficulty in securing sufficient return from their crops to remain solvent. The dread of the unusual expense entailed by catastrophic illness hangs heavily over them. Your Council and special committees have had three conferences with the State Farm Bureau leaders. They are a splendid group of citizens and we were able to acquire a knowledge of our mutual problems that will be invaluable.

They desire an insurance program and a moderate liberalization of admissions to the county hospitals. They frankly say that unless we present a helpful program they will consider a connection with a private insurance group and join with those who advocate county hospital admission on as free a basis as are the public schools for the education of their children.

The resolution adopted by the Farm Bureau at the state convention at Sacramento in November reads as follows:

Hospitalization and Health Insurance

"*Resolved*, That we oppose any attempt to limit the use of county hospitals by persons able to pay in part or in whole for the service received; that we sponsor or support the enactment of a law establishing a practical basis upon which licensed practitioners may practice group medicine such as voluntary health insurance and other health legislation which will be beneficial to the farm families and that we continue our study of the rural health problem."

4. *Organized Labor:*

The representatives of organized labor have recently stated to one of our officers that they are expecting us to offer a group program that will be within reach of their members.

He has an appointment with the labor representatives next week to advise them as to what can be our response to their request.

5. *Hospital Associations:*

The existing hospital insurance associations have informed us that there is an insistent demand from their clientele that medical care be included in their coverage. Some rather large groups have left them and have secured the double protection from commercial insurance organizations. They have apparently reached the limit of development as hospital insurance carriers.

6. *The Development of Commercial Insurance Carriers:*

A number of insurance companies, for example, the Occidental Life Insurance Company, Giannini controlled, have met the requirements of the Insurance Commission and are writing indemnity policies which give free choice of physician and hospital. The unsatisfactory feature of these policies is that they indemnify under a fee schedule that is materially below a reasonable professional charge and the attending physician has difficulty in ex-

plaining the discrepancy and collecting the difference.

7. *Partnership Groups:*

For example, the Ross Loos Clinic in Los Angeles are serving many thousands of clients in this state.

8. *Corporation Requests for Service for Employees:*

Several corporations and business firms have requested us to furnish medical service on a prepayment basis for their employees, and are awaiting the outcome of our deliberation. If organized medicine does not offer such a service they will seek it elsewhere.

9. *Reaction of the General Public:*

Since the publicity that was given the November 12 Council meeting I have received letters from a goodly number of people inquiring as to how soon the service will be available. I have spoken to some service clubs and they expressed a keen interest in it. The Commonwealth Club has a committee studying the subject and they have announced that they will sponsor a bill in the next Legislature.

10. *Attitude of Physicians:*

I have visited and spoken to many county medical societies during the past month, and have found our members keenly interested in this subject. More than one member has advocated our financing and operating a prepayment sickness insurance organization. The San Francisco Society has had the matter under consideration and the Los Angeles Association, with its 2,300 members, has a plan under consideration for possible use in case the California Medical Association fails to work out one of statewide scope.

11. *San Francisco Public Employees Check Off Medical Service Plan:*

The San Francisco County and municipal employees are already organized on a compulsory payroll deduction basis and are out of the picture. We should forestall other similar efforts.

COMMENT

From this summary it appears that federal and state groups, farmers' organizations, organized labor, hospital associations, commercial insurance companies, business and public employees, and our own members all have converged their influence in such a positive manner that it can no longer be ignored by organized medicine. The imminence of the sessions of the National Congress and our own State Legislature furnish additional reasons for earnest consideration of the problem at this time. A policy of laissez faire can no longer be endured. It should also be noted that while we procrastinate the commercial, fraternal and partnership organizations are taking the cream of the business.

The Council does not underestimate the difficulty involved in the development of a plan controlled by the California Medical Association.

Problems of organization, management, finance, salesmanship, coverage, professional control and

conduct all hover very large on our horizon. A perfect set-up will not be initially forthcoming. It is possible that they are right who say that voluntary insurance will never solve the problem. The fact remains that it has worked well with many relatively large private groups. Dr. Roscoe L. Leland, Director of the Bureau of Medical Economics of the American Medical Association, informs us that there are some 3,000 plans being sponsored in this country having to do with the problem of medical care. He is here to advise with us.

PLAN WILL BE SUBMITTED BY THE CALIFORNIA MEDICAL ASSOCIATION COUNCIL

The plan that will be laid before you by the Council for your consideration is the result of intensive study on the part of the special committee which was entrusted with its elaboration. The Council spent all day November 12 considering this matter. It called into consultation several men who have expert knowledge along this line of endeavor. The committee has continued its work and the Council spent all day yesterday in further conference in regard to it. It will now pass into the hands of the Reference Committee, and will then run the gauntlet of your judgment. The final product should be reasonably free from error and, we trust, workable.

An earnest endeavor has been made by the Councilors to meet with as many county medical societies as possible in order that the members might become cognizant of the problems involved. Because of lack of a final committee report only a general discussion of the principles involved could be engaged in. The many criticisms and suggestions made have been taken into consideration by the committee and the Council. The Association is a truly democratic organization, but it has a membership of over 6,000, every one a "rugged individualist." It is not to be expected that all the phases of any suggested program will meet with unanimous approval. Good sportsmanship and the welfare of organized medicine will assure a wholehearted acquiescence in the final decision of this body.

This summary of events and the reasons why you have been called into special session I trust will be satisfactory to you.

202 Mission Inn Rotunda, Riverside.

REPORT OF THE COUNCIL TO THE HOUSE OF DELEGATES

Los Angeles, December 16, 1938.

To the Members of the House of Delegates:

As you all have been advised by the formal notice of this special meeting, the Council, at a special meeting held at San Francisco, November 12, 1938, passed the following resolution:

Resolved, That a special meeting and session of the House of Delegates of this Association, California Medical Association, is hereby called to be held at 1925 Wilshire Boulevard, in the city of Los Angeles, State of California, on Saturday, the seventeenth day of December, 1938, at the hour of nine o'clock a. m. for the purpose of:

(a) Considering and acting upon any plan or plans presented by the Council for prepayment of, or pooling funds

for, health services and care, and for the establishment of a state-wide system to render medical service and hospital care;

(b) Considering and acting upon a proposal to amend Chapter II of the By-Laws of the Association relating to professional ethics; and

(c) Considering and acting upon the formation and organization of a corporation and any other matters ancillary or related to any or all of the foregoing purposes as may be presented by the Council; and be it

Further Resolved, That George H. Kress, the Secretary of this Association, be and he is hereby directed to prepare a written notice setting forth the time and place of meeting and the purposes and objects thereof and transmit the same, signed by him and attested by the President, the Chairman of the Council, and the Speaker of the House of Delegates, to each member of the House of Delegates in the manner and within the time required by the Constitution of the Association.

This report to you will be grouped, for the sake of clarity, under five points, as follows:

1. The Council's reasons for calling the meeting.
2. Discussion of the purposes of the meeting.
3. Discussion of possible types of organization based upon the opinions of our General Counsel.
4. Detailed discussion of possible organizations.
5. Recommendations of the Council.

* * *

1. The Council's Reasons for Calling the Meeting.—

In the past few months the members of the Council have become thoroughly convinced that the membership of the Association generally, throughout the state, desires to put into active operation a state-wide system for the prepayment of medical services and hospital care through the pooling of funds therefor. Committees have been active in Los Angeles, San Francisco, Alameda, and other counties, and it was the opinion of the Council that the membership of the Association, generally, wanted action on this subject, after many years of study, discussion, and surveys. That the public desires it is evidenced in numerous ways—the growth of so-called "hospital associations," private staffs, activities of employers on behalf of their employees, group action by employees, such as the city employees of San Francisco, the demand of policyholders of nonprofit hospital associations for the addition of medical service, the platform plank of our dominant political party in this state, the unanimous endorsement of such a system by the Farm organizations, and the State Federation of Labor, many of whom are now only awaiting the action we take at this meeting to determine their own course, and the widespread approval and satisfaction with which the announcement of this meeting and its purposes has received throughout the state.

The Council felt that the safest and most successful organization could be worked out by the doctors of the state as a whole and not by the doctors of any particular locality. They further felt that it was necessary that the medical profession evolve, formulate, and control any plan for the establishment of such a service and that, in the interests of the proposed beneficiaries and for the preservation of their own standards, unity of professional leadership through their State Association was and is a fundamental requisite.

2. The Purposes of This Meeting.—Succinctly stated, these purposes are first to consider and then to act upon the proposals contained in the notice of the meeting. The undertaking is a large one and it would be futile to attempt it unless the profession of the state thoroughly understands the problems involved in the formation of the necessary organization. The Council's committee, consisting of President-Elect Charles A. Dukes, Lowell S. Goin, and T. Henshaw, Kelly, has presented to the Council its report to which is appended the opinions and memoranda prepared by Hartley F. Peart, Esq., the General Counsel. These reports and opinions and the work of the Committee

were reviewed by the Council at a special meeting held yesterday, and the Council believes that every question of major importance dealing with the subject has received careful and full attention. These reports will be presented to you in full for your consideration. The Council believes that the report of the Committee and the opinions of our General Counsel show that this Association can authorize the formation of a proper organization to provide medical and hospital service on a prepayment basis, and, at the same time, preserve all the necessary and indispensable safeguards for the protection of the patient and his doctor. In its progress report to the members of the House of Delegates and to the presidents and secretaries of the component county societies, dated November 26, 1938, the Council's Committee sets forth thirteen points, which are as follows:

1. Creation of a medical service organization to operate on a *nonprofit* basis.

2. All doctors of medicine in the state to be eligible to render services under the plan without special privilege to or discrimination against any individual or group of individuals.

3. Complete freedom of choice to the beneficiaries of the plan in the selection of a doctor of medicine who is willing to render services under the plan.

4. Prepayment of the cost of medical services and hospital care on a monthly budgeting basis, all funds collected to be used for defraying cost of medical services, hospital care, administrative overhead, and the building up of a reasonable reserve for contingencies such as epidemics, etc. Administrative overhead to be maintained at the lowest possible figure, consistent with efficient operation and normal growth.

5. Control of administration and policy of the plan to be vested in the medical profession through its representatives.

6. Restriction of hospital care to matters included in the statutory definition of hospital service, viz., "maintenance and care in hospital, nursing care, drugs, medicines, physiotherapy, transportation, material appliances and their upkeep."

7. Medical services to be paid for out of available pooled funds on the "unit system." The unit system has been determined upon because no other method will insure against insolvency or bankruptcy, and because it is evidence to the public of the good faith of the medical profession in the developmental period of this plan.

8. Beneficiary membership in the plan to be open to all falling within the restricted income groups, as rapidly as arrangements can be made therefor.

9. The scope of medical service is contemplated to include everything except industrial injuries, accidents or illness arising from lawlessness, insanity, chronic alcoholism, and drug addiction. Restrictions necessarily must be placed upon cases of pulmonary tuberculosis, pregnancy, miscarriage, and childbirth.

10. The administration of the plan shall be in charge of a board of trustees selected by representatives of the California Medical Association.

11. A medical director, with necessary assistants, responsible to the board of trustees and employed to serve at its pleasure, shall administer the plan and perform the duties usually performed by a medical director where beneficiaries' funds are pooled. The medical director shall be a doctor of medicine, not engaged in private practice.

12. District administration will be developed.

13. The board of trustees to have power to establish rules and regulations governing the administration of the plan.

If, after due consideration and full discussion, the House of Delegates believes that the plan recommended will be for the benefit of the patient, the public and the physician,

the proper authorizing resolutions directing the Council to proceed should be adopted.

3. The Two Possible Forms of Organization Reported by the Committee Based Upon Legal Opinions. On this point it may first be said that up until recently the opinion was current that such a plan as here proposed would require enabling legislation. Recent decisions, however, which show the judicial trend, have led our attorneys to conclude that two types of organization are possible without legislation, with more than favorable chances of their being sustained on judicial review. Suggestions of operating in any unincorporated form, such as a partnership, a trusteeship or an association, are rejected by our legal department for the reasons set forth in an opinion rendered the Committee.

It has also been suggested that the Association could enter into an agreement with a group of insurance companies or a single insurance company and thereby disassociate itself from the handling of funds or engaging to the extent necessary in the administrative work involved. The Council disapproves such suggestion for the reason, first, that to enter into such an agreement inevitably subjects the medical profession to the domination of business capital and, second, that it is not consonant with the purposes desired and would be an attempt to ally a progressive, social and benevolent project with a group of shareholders operating a business for profit. The fundamental idea upon which the Council is proceeding is that the medical service to be rendered shall at all times operate on a nonprofit basis and that the recipients of the service and the physicians and others rendering service, shall be the only parties to the plan.

4. Two Types of Medical Service Organization Are Possible.—Our Legal Counsel reports that two types of organization are possible, namely, (a) a nonprofit membership medical service corporation, and (b) a nonprofit mutual membership insurance company. The advantages and disadvantages of these two types of organization are summarized in the opinions of the Legal Counsel to the Council Committee.

It appears to the Council that the nonprofit membership medical service type of corporation is by far the more desirable and, while there is no decision of the courts in California directly upon this subject, we direct your particular attention to the quotation given in the Legal Counsel's opinion from the decision in the case of *People vs. Pacific Health Corporation*, and to the decision rendered by the United States District Court in the District of Columbia, decided only last July, and covering the two most important points at issue.

The Council believes that the public support of a carefully organized nonprofit membership medical service corporation by this Association, operated prudently and carefully, would be the fulfillment of a public demand of the greatest benefit to the public of the state and that, with some necessary adjustment of thought and action, it would be of direct benefit to physicians themselves.

It will be noted that each of the corporate types presented preserves the essential fundamentals. The projected by-laws contain several matters to which the Council wishes to direct your particular attention: (1) that all doctors of medicine in the state are eligible to render services; (2) the beneficiaries have complete freedom of choice; (3) that the control of the administration and policy is to be vested in the medical profession through the Council of the California Medical Association; (4) the medical services are to be paid out of available pooled funds on a unit system. Some criticism has been voiced on this provision, but it should be borne in mind that such a system affords freedom of action, insures the success of the plan and if dues are not placed at a proper figure they can be rectified at any time. The situation is entirely different from that where the doctors agree to work on a unit system with dues fixed by an intervening agency over which the doctors have no control.

District Administration.—So far as possible district administration will be put on an autonomous basis. In the discussion the Council suggests that discussion here should be centered upon fundamentals and not upon details. It will be impossible to work out or decide the many details in the inauguration of a state-wide plan such as this in the deliberations of this body. The type of plan that the profession desires, and its fundamental tenets we respectfully suggest should form the topics of your deliberations. Details must be entrusted to representatives from various geographical areas and differing conditions of medical practice.

5. Recommendations of the Council.—The Council, therefore, recommends that this House of Delegates instruct it to take the necessary actions to create and put into operation an organization of the form of, and containing all of the essential provisions embodied in, the tentative drafts of articles of incorporation, by-laws, etc., for the nonprofit membership corporation submitted as part of this report.

Respectfully submitted,

THE COUNCIL OF THE CALIFORNIA
MEDICAL ASSOCIATION.
Karl L. Schaupp, *Chairman*.
George H. Kress, *Secretary*.

ENABLING RESOLUTIONS FOR THE MEDICAL SERVICE PLANS OF THE CALIFORNIA MEDICAL ASSOCIATION

These resolutions, with legends A, B, and C, for reference convenience, appear in the minutes of the Council, under Item 14. (See page 40, second column.)

The resolutions were adopted by the House of Delegates. As stated in the editorial comment, the report of the proceedings of the House of Delegates will appear in the February issue of CALIFORNIA AND WESTERN MEDICINE.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Sixty-Ninth Meeting of the Council of the California Medical Association

Meeting was held in the Auditorium of the Los Angeles County Medical Association, 1925 Wilshire Boulevard, Los Angeles, at 9:45 a. m., Friday, December 16, 1938.

1. Call to Order.—The meeting was called to order by Chairman Schaupp, with the following members present: President William W. Roblee, President-Elect Charles A. Dukes, Past-President Howard Morrow, Speaker Lowell S. Goin, Chairman of Council Karl L. Schaupp; Councilors Calvert L. Emmons, Louis A. Packard, Axel Anderson, Alfred L. Phillips, Oliver D. Hamlin, P. K. Gilman, F. N. Scatena, Henry S. Rogers, Junius B. Harris, W. H. Kiger; Chairman of Public Relations Committee George G. Reinle, Secretary-Editor George H. Kress, General Counsel Hartley F. Peart and his associate, Mr. Howard Hassard.

Absent: C. O. Tanner, abroad; Carl R. Howson, illness; T. Henshaw Kelly; and Harry H. Wilson, illness.

2. Minutes.—The minutes of the two hundred and sixty-eighth meeting of the Council were presented and on motion of Charles Dukes, seconded by Howard Morrow, were approved.

3. Illness of Doctors Howson and Wilson.—The Secretary reported on the illnesses of Doctors Howson and Wilson.

It was moved by Axel Anderson, seconded by J. B. Harris, that the Secretary extend to Doctors Howson and Wilson the sympathy of the Council. Carried.

4. Loan to Association.—The Secretary reported that in order to meet the current expenses of the Association,

incident to the special session of the House of Delegates and other needs, it had been necessary to borrow from the Trustees Of The California Medical Association an additional \$5,000. It was stated that it was necessary that the action taken by the officers of the Trustees Of The California Medical Association in making, executing, and delivering a promissory note dated December 13, 1938, to the bank lending the additional \$5,000 receive the approval of the Board of Directors of the Trustees Of The California Medical Association.

5. Recess of Council.—At this point a recess of the Council was declared to permit a meeting of the Trustees Of The California Medical Association.

6. Call to Order.—After the recess Chairman Schaupp called the meeting of the Council to order.

7. Loan.—Concerning the report of the emergency loan, previously discussed, on motion of George Reinle, seconded by Axel Anderson, the action of the Chairman of the Council, the Chairman of the Auditing Committee and the Association Secretary-Treasurer, in arranging an additional loan of \$5,000 from the Trustees Of The California Medical Association, was approved; and authority was given to borrow an additional \$5,000 from the Trustees Of The California Medical Association, should necessity arise therefor. It was agreed that these loans from the Trustees should be repaid early in 1939, after the dues for the next year had been received.

8. Publicity Committee.—The desirability of appointing a committee to handle publicity was discussed. The names of various publicity men were presented.

It was moved by Charles A. Dukes, seconded by A. E. Anderson, that a special committee be appointed to handle publicity under instructions from the President of the Association. Carried.

It was agreed that the Special Committee on Medical Service Plans (Doctors Dukes, Kelly, and Goin) should act in such capacity.

Doctor Harris voted in the negative.

9. Retired Membership.—The Alameda County Medical Association having recommended for retired membership Dr. H. J. Kohlmoos, who had retired from practice, it was moved by Charles A. Dukes, seconded by William W. Roblee, that H. J. Kohlmoos be granted retired membership in the California Medical Association. Carried.

10. Clarence G. Toland.—It was moved by President Roblee, seconded by F. N. Scatena, that the courtesy of attendance at the Council meeting be extended to Clarence G. Toland, former president. Carried.

11. Medical Service Plan.—At this point, at the request of President Roblee, Council Chairman Schaupp stated that the Council would now pass on those items on the business docket pertaining to the proposed medical service plan.

Charles A. Dukes, Chairman of the Special Committee on Medical Service Plans, then submitted to the Council the report of the Special Committee's work subsequent to the last Council meeting held on November 12, 1938, and, in addition, submitted to the Council drafts of seventeen documents comprising two progress reports to the members of the House of Delegates dated November 26, 1938, and December 12, 1938, respectively, a preliminary and a final report of the Legal Counsel discussing in detail the legal problems connected with a medical service plan, four formal written opinions of the Legal Counsel covering the major legal questions involved, and articles of incorporation, by-laws, rules and regulations and membership certificates of two alternative types of organization, namely, non-profit membership medical service corporation, and mutual chapter 9 insurance corporation.

Each of the documents submitted by the Special Committee on Medical Service Plans was then read in full to the Council and careful consideration and discussion was had concerning a number of the principles and points

presented in the Committee's reports and in the reports, opinions and drafts of documents presented by the Legal Counsel. Mr. Peart and Mr. Hassard discussed each of the legal questions presented in their reports and written opinions, and Charles A. Dukes and Lowell S. Goin, on behalf of the Special Committee, presented and discussed the various considerations which have led the Committee to the conclusions contained in its report to the Council.

12. Recess.—At this point a recess of the Council was declared for luncheon.

13. Delegates' Expenses.—Discussion was had of the payment of expenses of delegates attending the special session of the House of Delegates.

In accordance with past procedure, the payment of round-trip railroad fare and lower berth for each delegate was approved.

It was moved by Charles A. Dukes, seconded by Lowell S. Goin, that delegates attending the special session of the House of Delegates be allowed a per diem of \$5 for the two-day session. Carried.

14. Medical Service Plan.—At this point consideration was given to the Special Committee's report on tentative drafts of the Articles of Incorporation; By-Laws, and Rules and Regulations for a medical service plan.

The Secretary asked for instructions on distribution of the report of the Council to the House of Delegates.

On motion of Howard Morrow, seconded by F. N. Scatena, the report was ordered mimeographed in sufficient number for distribution to the members of the House of Delegates.

The Special Committee on Medical Service Plans and the Legal Counsel then presented to the Council a preliminary draft of a proposed report from the Council to the House of Delegates. The preliminary draft was read to the Council and then revised in certain particulars suggested by the councilors present.

It was moved by Lowell S. Goin, seconded by George Reinle, that the report of the Council as submitted by the Special Committee and as revised, be presented to the House of Delegates as the Council's report. Carried.

The following resolutions were then presented for the consideration of the Council:

Resolution A

Resolved, That the House of Delegates of the California Medical Association, in special session assembled at Los Angeles, California, this seventeenth day of December, 1938, favors the formation of an organization for the prepayment of or pooling funds for health service and care and for the establishment of a state-wide system of medical service and hospital care.

Resolution B

Resolved, That the House of Delegates of the California Medical Association, in special session assembled at Los Angeles, California, this seventeenth day of December, 1938, exercising its powers under the constitution of this Association—California Medical Association—does hereby authorize, direct and empower the Council of this Association forthwith to cause to be created, fully organized and embarked upon its activities, a California nonprofit corporation which shall have power to undertake a state-wide voluntary medical service plan and shall, in fundamental principles, conform to the proposed plan submitted to the House of Delegates by the Council at this special session.

Resolution C

Resolved, That the House of Delegates of the California Medical Association, in special session assembled at Los Angeles, California, this seventeenth day of December, 1938, hereby authorizes, empowers and directs the Council of this Association—California Medical Association—to lend or advance, upon such terms as it deems desirable, to any nonprofit medical service corporation caused to be formed by it, such sum or sums from the funds of the Association up to a maximum of \$15,000 as it deems necessary or expedient; and be it

Further Resolved, That the Council is hereby requested to approve this resolution as required by Section 1 of Article XI of the Constitution of this Association.

It was moved by William W. Roblee, seconded by J. B. Harris, that the three foregoing resolutions be presented to the House of Delegates. Carried.

15. Order of Business.—After discussion it was agreed that the House of Delegates would convene at 9:30 a. m. on Saturday, December 17, 1938, with suggested order of business somewhat as follows:

Report of the Credentials Committee; Announcement of the Reference Committees; Address of the President; Explanation of the social and economic and political desirability of a medical service plan by Doctors Kelly and Harris; Report of Council; Recess for luncheon; Reconvening at 2 p. m. The House then to resolve itself into a Committee of a Whole for consideration of medical service plans; with hearing of the reports of the Reference Committees, and formal voting to take place after such consideration, on Sunday, December 18.

16. Principles of Medical Ethics.—President William W. Roblee presented a proposed amendment to the by-laws dealing with the principles of medical ethics. The proposed amendment would govern the solicitation of beneficiary members by any nonprofit organization defraying the cost of medical service under a plan approved by the California Medical Association, or any constituent county society.

It was moved by William Roblee, seconded by J. B. Harris, that the amendment to the Principles of Medical Ethics be submitted to the House of Delegates. Carried.

17. Reference Committees.—Speaker Goin stated that he had named as members of the Reference Committees the following:

Reference Committee No. 1

(For Consideration of Medical Service Plans)

P. K. Gilman, Chairman, San Francisco; S. J. McClen-don, San Diego; F. R. Makinson, Oakland.

Advisory members: John C. Ruddock, Los Angeles; Roy A. Terry, Long Beach.

Reference Committee No. 2

(For Consideration of Matters Ancillary to Medical Service Plans)

C. Kelly Canelo, Chairman, San Jose; Bon Adams, Riverside; F. A. MacDonald, Sacramento.

Advisory members: G. W. Walker, Fresno; Gertrude Moore, Oakland.

Credentials Committee

T. D. Caruso, Los Angeles, Chairman; Mast Wolfsohn, Monterey; Dexter Ball, Orange.

18. Recess.—At this point the Council recessed to meet at the call of the Chairman.

19. Call to Order.—The meeting was called to order in the Barlow Medical Library of the Los Angeles County Medical Association, Los Angeles, California, Saturday, December 17, at 5 p. m., with the following members present: President Roblee, President-Elect Dukes; Councilors Schaupp, Emmons, Goin, Packard, Anderson, Phillips, Hamlin, Scatena, Harris, Rogers, Kiger, and Kelly; Chairman of Public Relations Committee Reinle, Secretary-Treasurer-Editor George H. Kress. R. G. Leland of Chicago, by invitation.

Absent: Doctors Gilman, attending Reference Committee meeting; C. O. Tanner, abroad; Carl R. Howson, illness; Harry H. Wilson, illness. Mr. Peart and Hassard attending Reference Committee meetings.

20. Membership.—The Association Secretary presented a letter from a County Society concerning one of its members whose license had been revoked by the Board of Medical Examiners of the State of California. The advice of the Legal Counsel was ordered to be followed.

21. Residency Requirement.—In discussion of the residency requirement for physicians who applied for membership in the California Medical Association on the basis of transfers from other state associations, it was the consensus of opinion that the six months' residency requirement as provided in the by-laws, before membership was granted, must be observed by component county societies.

22. Social Security.—The Secretary reported that a mandatory payment of \$57.88 had been made to the collector of Internal Revenue on the Federal Social Security Act, and stated that one-half the amount or \$28.94 should be collected from employees. The Secretary was instructed to collect the proper pro rata from each employee.

23. Nursing Practice Act.—Discussion was had of the proposed bill to establish a separate examining board for nurses, who now receive their licensure certificates from the California State Board of Public Health.

It was moved by Lowell S. Goin, seconded by Charles A. Dukes, that discussion of the nurses bill be indefinitely postponed.

In voting there was a division, with 8 ayes and 3 nays, Doctors Harris, Kelly and Roblee voting in the negative.

24. Southern California Society for the Control of Syphilis and Gonorrhea.—The Secretary reported that Mrs. Hafford of the Southern California Society for the Control of Syphilis and Gonorrhea has presented a progress report on the proposed antivenereal legislation. No action taken.

25. Humane Pound Act.—The Secretary reported that a letter of appreciation of the activities of the California Society for the Promotion of Medical Research and the Association had been received from Doctor West.

26. Social Well-Being.—A letter was read from Joseph Mussatti regarding membership of Doctor Kress on the Republican Committee on Social Well-Being. In accordance with the policy of the Association, the Secretary was instructed to decline the appointment.

27. Liquors.—It was the sense of the Council that advertisements for wines and liquors be not solicited by CALIFORNIA AND WESTERN MEDICINE.

28. Advertising Rates.—The Council approved the present schedule of advertising rates for special space in the JOURNAL, as outlined by the Secretary.

29. American Medical Association Survey.—The Secretary presented a letter from the San Francisco County Medical Society stating that the Society could not undertake the tremendous task of compiling data for the American Medical Association Survey at this time.

30. Farm Bureau.—Doctors Rogers and Packard reported on the conference held with the Farm Bureau representatives on November 19. Both Doctors Packard and Rogers spoke of the desirability of another meeting with the Farm Bureau. It was felt that any proposed legislation should be referred to the Legislative Committee.

It was moved by T. Henshaw Kelly, seconded by C. A. Dukes, that the Committee continue its activities and report back to the Council or Executive Committee.

It was the sense of the Council that if further conferences were necessary in the judgment of the Committee, they should be held.

31. R. G. Leland.—R. G. Leland, Director of the Bureau of Medical Economics, spoke to the Council on medical service plans and offered the coöperation of the American Medical Association in the problems of the Association.

32. Adjournment.—There being no further business the meeting adjourned.

GEORGE H. KRESS, *Secretary*.

Attest:

KARL L. SCHAUPP, *Chairman*.

PRESS ITEMS CONCERNING SPECIAL SESSION OF HOUSE OF DELEGATES AT LOS ANGELES *

Some editorial comments:

The Doctors' Christmas Gift †

The California Medical Association has made the state a worth-while Christmas present through the action of its House of Delegates approving an all-California system of medical insurance. At the same time the doctors probably have done themselves and their profession a service by a step calculated to head off the incursion of "state medicine" in this commonwealth.

Most people, believing that government-financed medical insurance is still in the stage of debate, will be surprised to know that one federal agency has, on its own initiative, established the system in some twenty states. The Farm Security Administration—formerly Rex Tugwell's Resettlement Administration—is now financing as an adjunct to farm aid what amounts to state medicine for more than 100,000 families. In the Dakotas, where the movement has attained its greatest scope, about 77,000 Federal Security Administration clients receive medical, surgical, and dental care, with all necessary hospitalization, on an insurance system for which the Administration pays \$2 a month per head. Altogether about three thousand country doctors are enlisted and get 51 per cent of the money, hospitals 37 per cent, dentists 8 and druggists 4, according to an article by Samuel Lubell and Walter Everett in a recent issue of the *Saturday Evening Post*.

The immediate difference between state medicine as so practiced and the medical insurance plan which is being pioneered by the doctors and hospitals in California is that in the former the cost is defrayed in whole or large part by the Government, and in the latter by the individual beneficiaries themselves. Actually, the difference is that between political paternalism on the one hand, and independent self-help on the other. State medicine is another extension of remote-control "relief" under which large groups of voters are made beholden to a centralized government; privately administered medical insurance is the application of actuarial principles to bring within the reach of the most modest private purse heretofore costly medical and hospital care. The one is open to all the political abuses and chiseling which have made Government relief a national scandal; the other, while yet to be tried on a large scale, is at least an intelligent effort to help the poor to help themselves. The first would turn the Hippocratic profession into another tax-financed Government bureau; the second would extend its benefits to everyone without the taint of politics or charity.

The California plan wisely proposes to benefit first those most in need of low-cost care and hospitalization. It is hoped to make these available to the small-income groups at not more than \$2.50 per month for individuals and not more than \$6 for families, regardless of size. If all the California Medical Association members and all the hospitals which have so far entered insurance groups subscribe to the plan, as is expected, those insured will have their choice of doctors and of hospitals as well. In all, the plan is expected, within three months, to make the services of some six thousand physicians and surgeons and several hundred hospitals available to perhaps one million persons to whom such care has heretofore been wholly or largely unattainable by reason of its cost.

An enormous amount of detail remains to be worked out, but the majority favor which the plan enjoys among the doctors themselves is practical assurance of its successful launching.—Editorial, *Los Angeles Times*, December 20, 1938.

* * *

Health Insurance

Would you pay \$2.50 to \$2.65 a month, like insurance, in order to have your doctor and hospital bills already taken of when you become ill or must have an operation? You may receive such an offer within a few months from California's medical profession. So you might as well begin thinking about what it means to you, personally, that the

* Note: The press comments of editorial and other nature which appear in this column, refer to the special session of the California Medical Association House of Delegates, held in Los Angeles, December 17-18, 1938. Their perusal will permit members of the California Medical Association who were not in attendance, to visualize somewhat the immediate reaction of the press representatives who were present, as well as the reaction of editors of newspapers from different sections. In the February issue of CALIFORNIA AND WESTERN MEDICINE it is planned to present more definite information concerning the details of the California Medical Association medical service plans.—K.

† See also cartoons under similar title, from the *San Francisco News*, in this issue, on pages 78 and 79.

California Medical Association's House of Delegates has voted 9 to 1 to establish low-cost health insurance.

Our doctors have taken a great forward step.

Here is to be a voluntary system, making available the services of some of the best physicians, surgeons, and hospitals in the state to the small salary or wage-earner. The goal is to set up reserve funds through monthly payments so that when a major illness strikes it will not take a wage-earner's last cent, run him into debt and prove a harrowing burden. Insured persons will have their choice of the physicians and hospitals joining the plan.

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The California program, if carried out in the purposeful manner promised by the Medical Association, will not be a mere gesture to head off Government socialized medicine or compulsory health insurance controlled by laymen and politicians.

A method of distributing the high cost of illness has been bound to come. Alert doctors see the trend. The profession declares the doctors, not outsiders, should run health services. We hope that the doctors themselves do meet the needs of the people.

Medical men have their biggest tasks ahead in the next few months when they will work out the details and offer the new health insurance to thousands of Californians. They can't just set up the plan and let it go at that. The idea must be sold.

Labor unions, other employees and employers as well should give attention to the plan. They could be of great service to the Medical Association in putting the far-reaching program in operation.—*San Francisco News*, December 20, 1938.

* * *

Medical Care Plan

California, which has traditionally led the nation in many progressive measures, such as the initiative, referendum, recall—to mention only a few—again leads with what may be the beginning of a new health era.

Seven thousand California medical men, through their representatives in convention, overwhelmingly adopted a program of state-wide health insurance.

In an editorial at the time the subject of "state medicine" was being discussed here before the American Medical Association, this newspaper pointed out that the wise measure would be a voluntary step in the direction of care for those in the lower income brackets, rather than wait for national or state legislation.

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And that's why this step of the California medical men is so important: because it was voluntary and a real effort by the doctors themselves to solve the problem.

This problem, simply stated, is merely to insure at low cost for those who have incomes under \$2,500 a year (or some comparable figure) an ability to have medical and hospital aid.

Much illness, and much final desperate surgery, can be avoided and the ailment successfully treated easily and rapidly and inexpensively if treated in formative stages.

But in the lower-income brackets, persons themselves ill or having ill dependents often "let it go" in the hope of saving expense—whereas, in fact, the expense may eventually be much greater, often greater than can be borne, in cases where the ailment is not immediately attended to.

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By the physicians' new plan, for a very small sum, indeed, such persons would have a guarantee of the best treatment possible by the doctor of their own choice, as well as hospitalization.

The plan has been worked out carefully, but there are yet details to be polished.

That the plan may work is everyone's ardent wish, both from the point of view of the patient and the physician, as well.—*San Francisco Call-Bulletin*, December 20, 1938.

* * *

Medical Trail Blazing

From what we hear about its recently announced plan, the California Medical Association is going to blaze an entirely new trail in health insurance in the United States.

The meeting in Los Angeles of the Association's House of Delegates not only adopted recommendations of its Special Committee on Health Insurance, thereby paving the way for early beginning of this service throughout the state, but also approved two other steps that are decided innovations.

One is a proposal that the Association create a commission whose function will be to examine private health insurance plans (there are a number operating in the state now) and issue certificates of approval to those that meet certain standards to be set up by the Association. Examination, of course, would be only upon application by any

private company. There would be no compulsion, and the commission would have nothing to offer except endorsement of the medical profession and the prestige such endorsement would give. By this means the medical fraternity would avoid implications of monopoly in the health insurance field.

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The other new idea, advanced by the Santa Clara County delegation to the House of Delegates and adopted at the convention, is a proposal that the state set up a subsidy plan similar to that of Palo Alto, whereby all permanent residents of the community are allowed \$2.50 a day, for a limited time, upon their hospital bills in the Palo Alto Hospital, the money coming from the city treasury. The doctors believe they can show the state and its political subdivisions will save money by such a plan and that ultimately it will do away with the need for county hospitals in all but the larger centers of population, when operated in conjunction with the proposed health insurance plan.

For instance, they suggest the state might insure all its indigents as a group, thereby guaranteeing adequate medical care and thus effectively safeguarding the public health.

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These ideas are long steps along the road of progress in the realm of coöperative medicine. The *News* for years has advocated that the medical profession itself accept the responsibility of establishing a state-wide health insurance system. That, after many years of delay, it now is undertaking the job is a credit to the Association and, we hope, will prove to be another mark of the progressivism that is typical of California.—*San Francisco News*, December 26, 1938.

What reporters wrote concerning special session:

Doctors Offer Low Cost Hospital-Medical Plan on Pari-Mutuel Basis

Los Angeles, November 18.—(UP).—America's first extensive medical service plan to provide doctor and hospital care at low costs to a majority of wage earners and their families was outlined today by leaders who will submit it to the California Medical Association next month.

Representing six years of study and research, the plan was explained in detail for the first time to two thousand members of the Los Angeles County Medical Association by Dr. Lowell S. Goin, speaker of the California Medical Association's ruling House of Delegates and chairman of the county and state committees in charge of the program.

The plan, anxiously awaited by the American Medical Association, which traditionally has opposed all such theories, provides in effect a "pari-mutuel" system of fees to coöperating physicians and unlimited medical service and limited hospitalization to subscribing families at a maximum cost of \$72 a year. The program, if approved December 17 by the House of Delegates, will be binding upon all county medical units in the state. Professional membership is optional, but in the view of leaders, the implied penalty of loss of patients to noncoöperating physicians would make membership virtually mandatory.

Details of Plan

Subject to modification, the plan stacks up as follows:

Eligible to subscribe to the service would be all workers earning under \$2,500 a year. Costs would start at \$2.65 a month for the individual and increase by \$1.00 for each additional dependent up to a maximum of \$6.00 for the family, regardless of its size. Dependents would be defined on the same basis that the government defines them for income tax purposes. Patients are free to select their own doctor and hospital.

Subscribers would be guaranteed medical care and hospitalization for all maladies excepting insanity and mental diseases, acute alcoholism, narcotic addiction, and tuberculosis of the kind where sanitarium treatment is required. Broadly speaking, the profession regards these exceptions as cases for state or federal supervision. The service would allow treatment for venereal diseases, but hospitalization for cancer sufferers and those with similar malignant diseases would be restricted to operative and therapeutic treatment.

Hospitalization Limited

In all cases, hospitalization would be limited to three weeks per person per year. The average operative case requires only twelve days. Service privileges would apply at once, except for maternity patients, who must have been subscribers for a year.

Coöperating physicians and surgeons would be paid on a basis of "units," the value of which would be determined quarterly by the Board of Trustees, the administrative body. A tentative schedule suggested as "unit" fees: Five units for complete physical examination, 10 for confinement cases, excluding delivery; 1 for office visits, 20 for appendectomies; 2 for x-rays, etc.

Each doctor would compute his total units and present his bill to the Board of Trustees, which would pay him in cash from the general "pool." The value of the unit would necessarily fluctuate in accordance with the amount of cash left in the pool, after hospital and administrative costs are first deducted. Thus, if \$2,000 were left in the pool to redeem 4,000 units, each unit would be worth 50 cents in the same manner that pari-mutuel payoffs are determined.

Plan Still Imperfect

Conceding that the plan is by no means perfect, Doctor Goin emphasized the committee would make no recommendations, leaving the question of adoption entirely up to the general profession. Many of the provisions will be changed and it is possible that a lower rate may be offered lower income groups, he said.

Committee members deny the project is designed to forestall socialized medicine and insist it was undertaken primarily to afford greater health opportunities to the public. Individual physicians, however, profess concern over the possibility of government intervention, objecting chiefly to the risks of dictation and to excessive administration costs. In England, the administrative costs were said to run between 40 and 60 per cent, leaving little for the physician and hospital.—*Hanford Journal*, November 19, 1938.

* * *

State Medical Body Plans for Care and Hospital Service System

With a view to heading off, if possible, socialized medical and hospital care by the state and also of meeting the federal government's move against the so-called medical trust, the council of the California Medical Association is planning a system for adoption and execution by the general association.

It provides for care and hospital service on monthly payments and will be buttressed upon a form of insurance that will make it easy and cheaper for that class of citizens which is not able to stand expensive hospitalization under physician's care. Taking Time by the forelock in such a venture marks an advanced step by the medical profession. It is intended to effectuate greater health in the state at a minimum cost.

The medical association has long anticipated the growing demand of state medicine and hospitalization. Opposition to it not only in California but elsewhere in the nation has not been successful in halting the movements. And since it is apparent such socialization is coming, the medical men here and in other states have been trying to work out a system that will meet the public demands and that will furnish, possibly, a basis for a national plan. Whether this can be done remains to be seen.

The medical association of the state must be given credit for the movement started in good faith. It is in the right direction.—*Tulare Advance-Register*, November 24, 1938.

* * *

California Doctors Map Insurance Plan

Monthly Pay Medical Treatment Favored

San Francisco, November 27.—(AP). — First concrete steps toward establishment of medical insurance for all Californians on a monthly payment basis were taken here today when a special committee of the State Medical Association announced principles to be recommended for the project.

The committee, appointed to outline the medical service plan and submit it to the Medical Association's House of Delegates for final action at a Los Angeles meeting December 17, said it had agreed upon the following points:

1. The organization must function on a nonprofit basis.
2. All doctors must be given opportunity to participate.
3. All patients must have complete freedom to choose their doctor and their hospital.
4. The scope of medical service to be offered must be "as broad as possible." — *Memphis, Tennessee, Commercial-Appeal*, November 28, 1938.

* * *

State Medical Plan Is Proof of United States Trend

California Proposal Is Type Opposed by American Medical Association, Urged by Government

Cleveland, November 29.—The action of the California Medical Association in taking under consideration a plan to provide doctor and hospital care through voluntary insurance to workers earning less than \$2,500 per year is graphic proof that widespread changes are on their way in the economic side of American medical practice.

Ultraconservative spokesmen of the American Medical Association have blasted away at the plans of the Federal Government to do something about the medical problems of the low-income groups in America. They have maintained existing methods and facilities are adequate.

However, it has been becoming increasingly evident that the rank and file of medical men in America did not agree.

The action of the California medicos is the most spectacular demonstration of that fact.

American Medical Association Battles Plan

By voluntary action, the California plan would bring about exactly the kind of situation against which the American Medical Association leaders have been battling.

Briefly, the plan provides that any worker earning less than \$2,500 a year would pay \$2.65 per month, entitling him to all medical care needed with the exception of certain conditions already provided for by state institutions, a maximum of twenty-one days hospitalization. Members of his family could be brought under the plan by an additional payment of \$1.00 per member or a maximum of \$6.00 per month.

Cleveland's Plan

It is interesting to compare this California plan with what is being done elsewhere. The most successful hospitalization plan is now in operation in Cleveland and has 145,000 subscribers.

This provides a maximum hospitalization of three weeks on the following system of payments from an individual cost of 60 cents per month to an entire family cost of \$1.90.

The Cleveland Academy of Medicine is now studying a plan which would offer coverage of doctor bills for illnesses requiring hospitalization.

United States Likely to Approve

It seems entirely probable that the Federal Government will welcome the California experiment.

Speaking before the City Club in Cleveland, Dr. Warren F. Draper, executive officer of the United States Public Health Service, emphasized the fact that the Federal Government had no one plan for the entire nation and no desire to force any plan upon the states.

He said it was desirable for each state to work out its own plan so that local conditions might be met and so that the nation might learn by experience the desirable or undesirable features of any given plan.—By David Dietz, Scripps-Howard Science Editor, San Francisco News, November 29, 1938.

* * *

California Medical Association Council Gets Health Plan Report

Special to The Chronicle

Los Angeles, December 16.—The Council of the California Medical Association in executive session today completed its report on the controversial issue of health insurance.

Tomorrow the medical group's House of Delegates, acting with final authority of organized medicine, will decide on the new system.

No definite plan for health insurance has yet been set, doctors' spokesmen said.

The California Medical Association Council last month authorized a special committee to gather all available data. This report was presented today by Dr. Charles A. Dukes of Oakland, president-elect of the Association, and chairman of the special committee.

Fees Discussed

Doctor Dukes denied that costs and fees have been scheduled. He said that while the figure of \$2.50 per month had been discussed as approximate cost of medical and hospital service, neither this amount nor the plan itself has yet been approved.

Other medical leaders explained that the principle of insuring against costs of illness is supported by numerous doctors, as witnessed by their organized sponsorship and personal membership in nonprofit hospitalization funds, such as the Bay Region's Insurance Association of Approved Hospitals.

In the face of reported San Francisco controversy over the whole issue, Northern doctors said they were in agreement on the basic idea of health insurance and were confident that details could be worked out.

Los Angeles Going Ahead

Executives of the Los Angeles County Medical Society meanwhile let it be known that they are "going ahead with health insurance."

The southern group has already adopted a plan which will be put into effect locally if the state body fails to agree, Los Angeles doctors said.

Saturday's session of the House of Delegates will be presided over by Dr. W. W. Roblee of Riverside.—San Francisco Chronicle, December 17, 1938.

* * *

Socialized Medicine Plan Drafted

Los Angeles, December 17—(AP).—Socialized medicine costing \$6.00 a month per family, regardless of size, was recommended today to the California Medical Association's House of Delegates by a special committee appointed to study the plan.

The plan as outlined by Dr. C. A. Dukes of Oakland, chairman of the committee, would be under control of the State Medical Association, and administered by a corporation.

Howard S. Hassard of San Francisco told the Board any other plan of administration would mean a partnership involving individual responsibility and possible liability to Federal and State income taxes.

Pooling of Funds

Doctor Dukes' committee reported membership of the Association desires to put into actual operation a system of prepayment medical service and hospital care through the pooling of funds.

While the exact cost was not figured, the committee's estimate was \$2.50 for each participant, with the cost lower if 500,000 persons participated.

One suggestion was for a charge of \$2.65 monthly per person. This would increase \$1.00 monthly for each dependent and allow medical, surgical and hospital treatment in emergencies for a \$6.00 monthly fee for an entire family, regardless of its size.

Under the plan the patient would be at liberty to select his physician and hospital.

The committee reported the plan should be worked out by the doctors of California as a whole, rather than by those of any particular locality. It reported that the medical profession should "evolve, formulate and control any plan for the establishment of such service," that it be operated on a nonprofit basis and that all doctors of medicine be eligible to render the service.

Report Quoted

"This Association can authorize the formation of a proper organization to provide medical and hospital service on a prepayment basis and at the same time preserve all the necessary and indispensable safeguards for the protection of the patient and the doctor," said the report.

Doctors would be reimbursed on a "unit basis," all prepayments being pooled and the doctor paid according to the unit scale, graduating from treatment for minor ailments to major operations. The committee disapproved a suggestion that the medical association enter into an agreement with an insurance company to carry out the plan, protesting it "would inevitably subject the profession to the domination of business capital."

Associated with Doctor Dukes in formulating the tentative plan were Dr. T. Henshaw Kelly of San Francisco and Dr. L. S. Goin of Los Angeles.

Warning Sounded

Dr. William W. Roblee of Riverside, president of the California Medical Association, warned that if the Association did not take up the matter of health insurance and evolve a plan "it is likely some methods will be established by legislation."

"If our profession in California can show that sickness insurance can be worked out successfully, it may block undesirable features of legislation expected to be introduced in Congress," he said.

Doctor Roblee said that Governor-elect Culbert Olson had said through a spokesman that it was assumed California doctors were willing to do their part in furnishing medical insurance, but that if they did not, a program for insurance would be submitted for the California Legislature.—San Francisco Chronicle, December 18, 1938.

* * *

California Medical Aid Plan Outlined

Clinic Help at Cost Is Proposed

A large-scale plan to furnish medical service at cost, open to all the people of California and under control of the medical profession, was outlined today in a report to the House of Delegates of the California Medical Association by the Council of the Association.

Dr. C. A. Dukes of Oakland, chairman of a special committee, which prepared the report, said that the cost of the service had not been figured out exactly, but it was estimated that it would be around \$2.50 a month per person. This would depend largely on how many persons took advantage of the service, he said.

May Get Family Rate

If as many as half a million persons become beneficiaries, he said, a lower rate could be established for families.

One suggestion was that a rate of \$2.65 a month per person be established, increasing \$1.00 for each dependent to a maximum of \$6.00 per month for a family, regardless of size.

Beneficiaries under the plan would be entitled to complete medical, surgical and hospital treatment in case of necessity. They would be at liberty to select any doctor they preferred and, also, to select any hospital, if space were available in such hospitals.

Tax Problem

Doctor Dukes said that it was recommended that a corporation be formed to administer the plan, and Howard S. Hassard of San Francisco, attorney for the Association, said that any other plan of administration would mean a partnership involving individual responsibility. Hassard said that if the plan is successful it would mean a collection of millions of dollars annually and these receipts, under a partnership administration, might be held liable to federal and state income taxes.

Doctor Dukes said the question had also been raised as to whether the organization would be subject to the state insurance laws and to the registrations of the state insurance commissioner. Hassard said there was no court decision in California establishing a precedent in this connection.

Doctor Dukes said that the choice seemed to be between incorporating as a mutual insurance company, subject to the insurance commissioner, or incorporating as a nonprofit company under the jurisdiction of the state corporation commissioner.

About 150 doctors were present at the meeting of the House of Delegates at the County Medical Association Building at 1925 Wilshire Boulevard.

The report stated that the members of the Council "have become thoroughly convinced that the membership of the Association generally throughout the state desires to put into actual operation a state-wide system for the prepayment of medical service and hospital care through the pooling of funds therefor."

It was further stated in the report that the Council feels that the safest and most successful organization could be worked out by the doctors of the state as a whole and not by the doctors of any particular locality.

It was further stated that the Council felt that the medical profession should evolve, formulate and control any plan for the establishment of such a service.

Say Plan Practical

Reports of the Council, it was also stated, "show that this Association can authorize the formation of a proper organization to provide medical and hospital service on a prepayment basis and at the same time preserve all the necessary and indispensable safeguards for the protection of the patient and the doctor."

It was recommended that the service operate on a nonprofit basis, with all doctors of medicine eligible to render service.

The doctors would be reimbursed on a "unit basis." All prepayments would be pooled and when a doctor renders a service he would be paid according to the number of "units" he had rendered. This was explained as meaning that a treatment for a minor illness would constitute a single unit, with ascending scale of units for more serious illness or operation.

Board of Trustees

It was proposed that a board of trustees be created to put the plan into effect and that a medical director be appointed to administer it. Another proposition was that district administrative centers be developed.

The Council disapproved a suggestion that the medical profession enter into an agreement with a group insurance company or a single company to carry out the plan. The report stated that to enter into such an agreement "inevitably subjects the medical profession to the domination of business capital."

Associated with Doctor Dukes in the preparation of this report were Dr. T. Henshaw Kelly of San Francisco and Dr. L. S. Goin of Los Angeles and a speaker of the House of Delegates.

Dr. William W. Roblee of Riverside, president of the Association, explaining why the matter of health insurance had been taken up, declared that if the Medical Association did not work out a plan it was likely that some methods would be established by legislation.

Other Plans Under Way

"If our profession in California can show that sickness insurance can be successfully worked out it may block undesirable features of legislation expected to be introduced into Congress," he said.

Doctor Roblee also said that a spokesman for Governor-elect Culbert L. Olson had made the statement that it was assumed that the doctors were willing to do their part in furnishing medical insurance, but if they did not, a program for insurance would be submitted for the California Legislature.

"If organized medicine did not render this service to the people they will seek it elsewhere," he said.

He also stated that the Los Angeles County Medical Association has a plan for insurance under consideration which it will propose if the State Association fails to act.

The Council recommended that the House of Delegates instruct it to take necessary action to create and put the proposed plan into operation.—Los Angeles *Evening Herald*, December 17, 1938.

* * *

California Doctors Spur Plans to Provide Mass Medical Aid

The California State Medical Association today was preparing to launch within two or three months a history-making plan for state-wide voluntary health insurance and hospitalization. With an overwhelming vote, the Association's House of Delegates in a meeting here approved a plan to set up a nonprofit corporation, financed by the Association, to administer the momentous project for the six thousand-member physicians and expected million or more subscribers.

Financial details of the undertaking were left to a special committee, but unofficial estimates placed the cost of health insurance and hospitalization at approximately \$2.50 per subscribing member per month, with a sliding scale providing lower fees for dependents in a family.

May Set Wage Limit

The plan probably will be limited to persons with incomes under \$2,500 a year. The exact figure will be established by the corporation after careful study.

Admittedly the voluntary medical plan was approved to forestall threatened governmental control of the profession.

The plan will be sufficiently broad to include hospital, nursing and laboratory fees in addition to physicians' and surgeons' services.

Dr. William W. Roblee of Riverside, President of the California Medical Association, explained:

"There will be absolutely no change in the traditional and ethical relationships between doctors and clients that now exist.

"A member of the group who is ill will go to his regular family doctor, who is a professional member. If upon diagnosis he is discovered to have appendicitis, for instance, he will be taken to the hospital of his choice and operated on by his physician in the regular manner.

"The only difference is the doctor will collect his money from the corporation and the patient will have paid his fee automatically by his monthly insurance premiums."

The project will be for low income groups, but is not intended to handle indigent cases, it was pointed out.

The plan will not provide medical care for alcoholics, persons afflicted with mental diseases or narcotic addicts. Also excluded will be injuries now covered by the workmen's compensation law.

Compensation for physicians will be on the basis of "units," rated according to the type of service given. At the start the unit value will be set arbitrarily, \$2.00 now being considered as the temporary value.

Plan members will select their own hospitals and doctors. Payments will be made similar to life insurance premiums, and will be arranged on a weekly, monthly or semimonthly basis.

The program was adopted by a nine-to-one vote after three days of heated discussion by the 150 delegates from every county in the state, meeting in the auditorium of the Los Angeles County Medical Association Building.

Historical Step

It was called "a forward step in medical history" by Dr. Charles A. Dukes of Oakland, president-elect of the Medical Association.

"The plan guarantees the best possible medical attention to the average person by placing the services of competent physicians within his means," he said.

The nonprofit corporation administering the health insurance plan will be governed by a board of nine members—five doctors, two hospital superintendents and two business men. Every county medical unit will be represented by one member in the corporation.

In adopting the program the Association struck at so-called "chiselers" in the field of health insurance by voting to set up a special committee to pass on other health insurance plans with power to forbid members to affiliate with disapproved plans.

Association spokesmen said they were not intending to injure "reputable" cooperative groups.

Membership of medical men in the plan is optional with each individual doctor.

Three types of membership in the corporation will be provided—beneficiary, professional and administrative. The "premium" paying customers will comprise the beneficiary members.

Professional members will consist of the physicians and surgeons who voluntarily join the plan. Administrative members to operate the state-wide program will be elected by the corporation trustees.

Hospital Systems

The Association will underwrite three nonprofit hospitalization systems now in operation in the state, according to Dr. Lowell S. Goin, speaker of the House of Delegates. These systems include the Insurance Association of Approved Hospitals in the San Francisco-Oakland district, the Associated Service of Southern California and the Intercoast Hospital Service of Sacramento, which are providing care to about fifty thousand members at approximately 3 cents a day.

Only doctors who hold a medical degree and "an outstanding and unrevoked physicians' and surgeons' certificate," issued by the State Medical Board, would be entitled to professional membership.

A resolution demanding a referendum of the Association's members on the plan was defeated during the lively discussions.

Dr. Louis A. Alesen challenged the need for any type of socialized medicine.

"Are you sufficiently naïve," he demanded, "to believe that if you pass some type of health insurance that these outside groups will be satisfied? Does the individual live to serve the state or the state to serve the individual?"—*Los Angeles Herald and Express*, December 19.

* * *

Medical Group to Operate Insurance System at Low Cost

By an overwhelming vote of its House of Delegates, the California State Medical Association yesterday ushered in a new era for medicine by adopting a plan for state-wide voluntary health insurance.

Unqualified indorsement given the program recommended by the Association's Council will make medical care available to low-income residents of the state "within two or three months" in return for small monthly premiums.

While financial details of the momentous project were left to a special committee, unofficial estimates placed the cost of the health insurance and hospitalization at approximately \$2.50 for each member per month, with a sliding scale of lower fees for dependents in a family.

Will Affect Many

As an immediate result of yesterday's vote, machinery will be set in motion for establishment of a nonprofit corporation, financed by the Association, to "sell" and administer the project for the six thousand-member physicians and probable million or more subscribers.

Persons with incomes exceeding \$2,500 per year will probably be barred from participation in the plan, although the official figure is to be set by the corporation after detailed study.

Passage of the revolutionary measures ended a stormy and heated two-day session of the 150 delegates, gathered from every county in the state in the auditorium of the Los Angeles County Medical Association Building.

San Francisco Proposal

Proposed by Dr. Karl Schaupp of San Francisco, Council president, and brought to the floor by Dr. P. K. Gilman, San Francisco, the principal enabling resolution read:

"Resolved, That the House of Delegates of the California Medical Association, in special session at Los Angeles . . . exercising its powers under the constitution of this Association, does hereby authorize, direct and empower the Council forthwith to cause to be created, fully organized and embarked upon its activities, a California nonprofit corporation, which shall have power to undertake a state-wide voluntary medical service plan and shall, in fundamental principles, conform to the proposed plan submitted to the House of Delegates by the Council at this special session."

The approved and unparalleled voluntary medical setup was admittedly offered by the medical association to forestall threatened governmental control of the profession.

The plan is to be made broad enough to include hospital fees, nursing fees and laboratory charges as well as physicians' and surgeons' services.

Provides for Three Types of Membership

It provides for three types of membership in the corporation—beneficiary, professional and administrative. Beneficiary members will be the "premium-paying" customers.

Professional members will be the physicians and surgeons who voluntarily bind themselves to the plan and who will be paid out of a pool of subscription funds on the "unit" basis—with different medical treatments rated by units according to their complexity.

Administrative members will be elected by the corporation trustees and will operate the far-flung program.

"There will be absolutely no change in the traditional and ethical relationships between doctors and clients that now exist," Dr. William W. Roblee of Riverside, Association president, explained.

Example Reveals How Plan Will Work

"A member of the group who is ill will go to his regular family doctor who is a professional member. If upon diagnosis he is discovered to have appendicitis, for instance, he will be taken to the hospital of his choice, and operated on by his physician in the regular manner.

"The only difference is the doctor will collect his money from the corporation, and the patient will have paid his fee automatically by his monthly insurance premiums," he declared.

It was pointed out that the plan, when in effect, will be aimed at low-income groups, but will have nothing to do with indigent cases.

Three nonprofit hospitalization systems now in operation in the state will be underwritten by the Association, Dr. Lowell S. Goin, Speaker of the House of Delegates, declared.

These hospital prepayment insurance organizations are the Insurance Association of Approved Hospitals in the San Francisco-Oakland area, the Associated Hospital Service of Southern California, and the Intercoast Hospital Service of Sacramento, which are already supplying care at about 3 cents per day to approximately fifty thousand members.

"The scope of medical service is contemplated to include everything except industrial injuries, and accidents or illness arising from lawlessness, insanity, chronic alcoholism and drug addiction," the Council's report specified.

Regional directors will administer the insurance in various parts of the state, it continued, and only doctors who hold a medical degree and "an outstanding and unrevoked physicians' and surgeons' certificate," issued by the State Medical Board, would be eligible to professional membership.

Enrollment in the ranks of the California State Medical Association is not, however, compulsory for physicians who operate under the plan.

Socialized Medicine Need Challenged

Proponents and opponents of the revolutionary health insurance idea sparred verbally and heatedly throughout the morning.

While the delegates resolved themselves into a committee of the whole, the chairman, Doctor Roblee, opened the door to arguments.

After a lively battle, a resolution demanding a referendum of the Association's members before action of the House of Delegates was roundly defeated.

Hottest was the word tilt between Drs. Louis A. Alesen and Sam Ayres, Jr., of Los Angeles, in which Alesen challenged the need for any sort of socialized medicine.

"Are you sufficiently naïve to believe that if you pass some type of health insurance that these outside groups will be satisfied?" Doctor Alesen queried. "Does the individual live to serve the state or the state to serve the individual? That is the subject before the California Medical Association."

To which Doctor Ayres replied:

"When the patient says he is sick, you consult with other physicians on the matter. The public is that patient. It says, 'I'm sick' and we've got to find out what to do about it."

San Franciscans Favorable to Plan

Summing up the San Francisco opinion on the health insurance question, Dr. Alson E. Kilgore, surgeon, talked in favor of the plan.

He said: "Health insurance is coming, I am convinced, because of an underlying economic need that will not be denied. We have reached a point now where a large group in the community is not able to carry expenses of a major sickness."

An ominous warning was sounded by Dr. J. B. Harris of Sacramento, representative of the Medical Association at the state capital.

"The strains of the orchestra of the inaugural ball will hardly die away before there will be introduced in the Assembly the C. I. O. bill for compulsory health insurance in this state," he declared.

"We should have no delusion about what some of the legislators intend to do to us to break down our standards."

Another resolution unanimously passed provides for the establishment of a committee to serve other health insurance groups in the state and empowers the committee to pass upon the merits of such independent concerns.—*Los Angeles Examiner*, December 19.

* * *

California Medicos Okeh Easy Pay Plan

California's six thousand doctors today were firmly launched on a new "poor man" medical plan, foreshadowing a knockdown and drag out fight with present group medical practitioners.

The doctors, through the House of Delegates of the California Medical Association, gave unqualified endorsement to a plan that would bring the most expensive type of operation, treatment of disease and medical guidance to the poor man for a flat monthly fee probably to be set at \$2.50 a month, for the individual, or \$6.00 a month for a family.

A possible fight with smaller health insurance enterprises was foreshadowed when the Association unanimously voted to set up a special committee to pass on all other health insurance plans now in operation.

The committee was empowered to forbid members to affiliate with any plans of which it disapproved. This, of course, was aimed at "chiselers," not reputable groups, it was explained.

Designed not for the rich man, nor the indigent who is entitled to free treatment, but for the working man, the new tentative plan, which goes into effect within sixty to ninety days, would be open to wage earners with incomes less than \$2,500.

Passage of the revolutionary measures ended a heated two-day session of the 150 delegates gathered from every county in the state in the Los Angeles County Medical Association Building.

California became the first state in the union to attempt to meet the challenge of "state medicine."

In many ways its plan was patterned along the lines of such a state plan, except that it will be under control of doctors from start to finish.

As authorized, the Association would set up a nonprofit corporation. Three types of members would be sought—professional (the physician and surgeons who voluntarily join), the beneficiaries (patient members), and administrative members (those elected by the corporation trustees, charged with operating the plan).

Regional directors will administer the insurance in various parts of the state, and only doctors who hold a medical degree and "an outstanding and unrevoked physicians and surgeons' certificate" would be eligible to professional membership.

The entire plan is predicated on the unit system of payment, which, it is hoped, will guarantee the nonprofit corporation from going broke.

Under its provisions, the total dues of all member patients would go into a common fund. Each doctor who treated a member, meanwhile would be credited with so many points, according to the complexity of the treatment. When month's end arrived, the number of units would be divided into the total dollars—and the doctors would be paid off.

Dr. Charles A. Dukes of San Francisco, Chairman of the California Medical Association's Council, urged adoption of the plan as the "best possible medical care for the average man and woman of this state."

He said the entire medical profession has shown its willingness to cooperate.

Dr. Alson Kilgore of San Francisco, said the "basic principle of this cooperative plan of medicine and hospital service is widely recognized.

"While to us this may be a radical step it is none the less coming because of the underlying economic need. No one of us can deny there are large groups in every section who are unable to carry the costs of illness."

An ominous warning came from Dr. J. B. Harris of Sacramento, representative of the Medical Association at the state capital:

"The strains of the orchestra of the inaugural ball will hardly die away before there will be introduced in the Assembly the C. I. O. bill for compulsory health insurance in this state," he said.

"We should have no delusion about what some of the legislators intend to do to us to break down our standards."—Los Angeles *Evening News*, December 19.

* * *

Medical Group Spurs Work on Insurance Plan

Lawyers Map Articles of Incorporation

The Council of the California State Medical Association proceeded promptly yesterday in its task of incorporating the organization which will administer the new state-wide plan of voluntary health insurance.

As the first step toward inauguration of a program making medical care available to low-income Californians on a small monthly premium basis, attorneys for the Association began work on articles of incorporation to be filed early next year.

The attorneys are: Hartley F. Peart, general counsel, and Howard Hassard, associate counsel.

Medical Approval

For their model the lawyers had an eleven-page tentative draft of incorporation articles approved by the Medical

Association's House of Delegates at a meeting in Los Angeles Sunday.

Before the completed articles can be filed with the state government, corporation officers must be named. Dr. Karl L. Schaupp of San Francisco, President of the Association Council, yesterday said naming of these officers awaits an election by each of the nine councilor districts in the state. The election probably will be called when the Council meets here on January 14, he indicated.

Election Mapped

Association doctors in each councilor district will elect an administrative member to the health insurance plan corporation, and these members will, in turn, choose the trustees, who will direct actual operation of the program.

As local physicians returned from the Los Angeles meeting they were deluged with questions concerning operation of the plan—questions pertaining to eligibility, costs, kind of service and extent of treatment.

Doctor Schaupp and others met all such questions by pointing out that the Los Angeles meeting adopted merely the broad outlines of a plan and that details have not yet been worked out. Any questions pertaining to such details are premature, Doctor Schaupp said, and any answers to such questions are at present meaningless.

Finance Told

Dr. Charles A. Dukes of Oakland, president-elect of the State Medical Association and chairman of the special committee which drew the plan, however, declared that the new organization will be called the California Physicians' Service and will be financed, in the beginning, through a \$5.00 assessment on each of the Association's six thousand members, plus a \$15,000 loan from the Association.

Although reports from Los Angeles declared that the service, at first, will be limited to persons with annual income of less than \$2,500, Doctor Dukes said:

"That question is far from decided. I am in favor of extending the service to include persons in the higher income brackets—those earning as much as \$400 or \$500 a month."

System Announced

At first, Doctor Dukes said, the plan will be opened only to "groups gainfully employed, such as the employees of reliable firms." Under these limitations, he said, the organization hopes to start out with 250,000 beneficiary members. Later, with virtually all limitations removed, 500,000 members are anticipated, he said.

Certain exceptions will probably be made in extending medical and hospital care, Doctor Dukes said, with no treatment for such ailments as mental diseases, venereal diseases, drug addiction, alcoholism, tuberculosis or injuries or diseases due to lawlessness or attempted suicide.

Doctor Dukes pointed out that the organization will be nonprofit, with doctors and hospitals receiving nominal fees.

"I hope and expect," he said, "that the monthly premium for an individual will be about \$2.50."—San Francisco *Examiner*, December 20.

* * *

Health Plan May Go Into Effect March 1

Details of Physicians' Program Being Worked Out by Committee; State Council Will Act; Final Organization to Be Submitted for Approval January 14

Actual operation of the California Medical Association's health insurance plan may start as early as next March, Dr. Charles A. Dukes of Oakland, President-elect of the Association and chairman of the committee which prepared the plan for submission to the Association's House of Delegates, foresaw today.

"It will take about three months to work out the details, and the state-wide doctor and hospital service to individuals paying monthly premiums could go into effect by March if there are no legal entanglements," Doctor Dukes said. "We hope to have it under way before the Association's next meeting at Del Monte in May."

The many details filling in the broad outline approved by the Association's House of Delegates in Los Angeles last week-end are now being developed by the original committee that submitted the plan, headed by Doctor Dukes, and including Dr. T. Henshaw Kelly and Dr. Lowell S. Goin.

Council to Act January 14

The completed plan will be submitted to the Council of the Medical Association, meeting here January 14.

It will be the Council which will form the organization, probably to be known as the California Physicians' Service, and actually put the service into effect, first electing an Executive Committee under authority given it by the House of Delegates.

Then, Doctor Dukes said, probably at the May meeting of the Association, each of the nine councilor districts in the state will elect an administrative member to the Health Insurance Plan Corporation.

These, he said, would appoint an executive group of trustees to include five doctors, two hospital men and two businessmen.

Meanwhile, Hartley F. Peart and Howard Hassard, attorneys for the Association, are working on articles of incorporation to be filed with the state government.

Plan Is Explained

All these details, Doctor Dukes pointed out, are dependent upon decisions to be made by the Association's Council at its January meeting.

This is the way in which Doctor Dukes foresees the plan will work out:

Eligibles: Groups of gainfully employed persons, possibly limited to those whose annual income is \$2,500 or less, possibly including those whose income is as high as \$5,000.

Cost: A flat monthly premium of approximately \$2.50.

Exceptions to medical and hospital care: Mental diseases, venereal diseases, drug addiction, alcoholism, injuries or diseases due to lawlessness or attempted suicide, pulmonary tuberculosis (except for diagnosis and three weeks' treatment), hospitalization for cancer (except for diagnosis, therapeutic operations, or acute emergencies).

Doctor Dukes said it was hoped the service would start with 250,000 beneficiary members, eventually gaining 500,000 beneficiary members, by which time certain regulations of the plan might be relaxed.

Not included in privileges of membership would be drugs, biological and endocrine products, spectacles, artificial limbs and braces.

Beneficiary members would be permitted to choose their own doctors, from among those who are members of the California Physicians' Service.—San Francisco News, December 20.

* * *

Fishbein Approves California Medical Association Health Plan

Chicago, December 18—(UP).—Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, said tonight that the California health insurance plan was in accordance with action taken by the American Medical Association's House of Delegates in Chicago last September.

"The delegates approved a plan for voluntary nonprofit cash indemnity insurance against the cost of sickness for people of the low-income group," Fishbein said.

"The California plan falls within this pattern."

He said he understood a similar plan was adopted by the Utah Medical Association last week and that health insur-

ance also was being studied by the New York and Wisconsin state groups.—San Francisco *Chronicle*, December 19, 1938.

* * *

Health Plan Held Immune to Trust Laws

California Medical Leaders Confident Insurance Is "in Clear" on Federal Statutes

Aid for Needy—Provisions Eliminate Charge of "Closed Corporation"; Two New Features Revealed

California medical leaders were confident yesterday that the new health insurance plan just authorized by the State Medical Association is "in the clear" so far as federal anti-trust statutes are concerned.

The plan's provision that any physician holding a license to practice in California may participate in the insurance system, regardless of whether he is a member of the State Medical Association, is believed to dispose of any charges of "closed corporation" or discrimination.

The provision was expressly inserted in the proposed Association's by-laws to avert any such attack as the government is now making on the American Medical Association in Washington, D. C.

Two New Features

Examination of the new health service's by-laws yesterday disclosed two hitherto unrevealed features of the program:

1. A provision that monthly fees to be charged may vary, for the same medical and hospitalization service, according to the differing abilities of beneficiaries to pay.

2. Authorization to enter into contracts with the federal government, the state or any city or county for provision of medical and hospitalization service.

The provision for differing fees will enable the service to extend health insurance into the very lowest income brackets as the plan develops, in the opinion of analysts of the plan. The contract authorization will enable the service to extend service even to indigents, by arrangement with governmental authorities.

May Assume Service

Medical service now provided SRA clients and to migrants and farm workers through various federal agencies may be taken over by the State Association organization, under this authorization, the governmental agencies responsible now for their care footing the bill.

Fixing the upper income limit beyond which persons may not be eligible to the insurance rests with the service's board of governors, still to be elected. Although \$2,500 has been discussed, informed observers believe the limit will be set as high as \$3,500 or \$4,000 when finally determined in order to extend the benefits of the plan as widely as possible.—San Francisco *Examiner*, December 21.

Southern California Itinerary: Doctors Dukes, Roblee, Kress, and Councilors Anderson, Emmons, Howson and Packard. For Months of January and February, 1939

Date	Day	City of Meeting	County Society Host	Secretary Host Society	Councilor	Guest Speakers
January 5	Thursday	Stockton	San Joaquin	G. H. Rohrbacker	Anderson	Roblee Kress
16	Monday	Orange	Orange	Glenn Curtis	Emmons	Dukes Kress
17	Tuesday	Pasadena	Los Angeles	L. G. Craig	Howson	Dukes Kress
18	Wednesday	Riverside	Riverside	R. A. Card	Emmons	Dukes Kress
19	Thursday	Los Angeles	Los Angeles	G. D. Maner	Howson	Dukes Kress
20	Friday	San Diego	San Diego	W. H. Newman	Emmons	Dukes Kress
21	Saturday	Imperial	Imperial	W. A. Clarke	Emmons	Dukes Kress
22	Sunday	No meeting
23	Monday	Ventura	Ventura	A. A. Morrison	Packard	Dukes Kress
24	Tuesday	Santa Barbara	Santa Barbara	J. J. Rupp	Packard	Dukes Kress
25	Wednesday	San Luis Obispo	San Luis Obispo	E. M. Bingham	Packard	Dukes Kress
February 16	Thursday	Bakersfield	Kern	C. S. Compton	Packard	Dukes Kress

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

MEDICAL AND SCIENTIFIC EXHIBITS AT THE GOLDEN GATE INTERNATIONAL EXPOSITION*

Had Hippocrates lived in 1939 he might have concluded, "And I will add to my own knowledge the findings of men of science and research."

On February 18 and 19, 1939, the World's Fair Premiere will give some 300,000 visitors an insight into the miracles of modern science and medicine. Officially, the premiere celebrates the construction of the two great bridges which span San Francisco Bay, the three great western power projects—Boulder, Grand Coulee, and Bonneville Dams—and the aerial "bridging" of the Pacific by the China Clipper. But man's equally miraculous achievements will be seen on Treasure Island itself by all who enter the huge Hall of Science.

There the vital and tenable results of thousands of hours of research and experiment will be on view. Illuminated dioramas, working models, robots, graphs, charts, and lectures will convey to Exposition visitors the wonders of modern scientific discoveries and their application. Every field of modern science will be represented: zoology, biology, chemistry, bacteriology, biochemistry, physics, etc. In the medical exhibits particular emphasis will be upon the prophylactic features of modern medicine.

Led by such famous institutions as the American Medical Association, the Mayo Clinic, and the American Dental Association, these exhibits will present a dramatic picture of the latest advances in medicine and related fields. In charge of the Hall of Science is Dr. Milton Silverman of the University of California.

Initial public demonstration of the remarkably effective antiserums for the thirty-two types of pneumococci will be made at the World's Fair Premiere. Specialists have predicted that the development and proper distribution of these curative agents will greatly diminish pneumonia mortality. With this demonstration the cause, spread, diagnosis, and treatment of the disease will be explained, as will the methods employed to determine the type of pneumococcus and the proper serum for its treatment.

Another exhibit will show human heart action by graphic light flashes in a gigantic model. The course of the blood stream will be shown; and the effects upon the heart of rest, of mild and severe exercise. Popular misconceptions of high blood pressure will be exposed and its prevention and treatment explained.

Part of the University of California's \$300,000 exhibit will be a full-scale model of Dr. E. O. Lawrence's cyclotron. This enormous new weapon of medical science demonstrates the manner in which atomic structures are bombarded into their component parts. All details of construction have been faithfully reproduced. Instead of the invisible and deadly deuterons that whirl about the cyclotron vacuum chamber, steel balls will wind in slow spiral paths to represent their lightning-like motion.

The radio-active man, invention of the University of California's radiation laboratories, makes his first appearance at the premiere. This mechanical man receives into his body actual radio-active substances from the cyclotron. A Geiger counter, hooked up with a loudspeaker, indicates exactly where these substances flow. This radio-active man

brings to light the latest research in the war on malignant diseases.

Other dramatic exhibits will show the discovery, history, and development of many curative products, among them quinin and insulin. Part of the Mayo Clinic exhibit will be a survey and analysis of the latest techniques in plastic surgery.

One of the keynote exhibits of the medical section is that sponsored by the American Medical Association under the direction of Dr. Thomas Hull. Emphasizing four important fields of health work, the Association will honor the heroes of medicine and trace the development of many important discoveries. It will explain the part played by the basic sciences—physics, chemistry, and zoology—and of such clinical fields as pediatrics, neurology, surgery, dermatology, obstetrics, urology, internal medicine, ophthalmology, and otolaryngology. The relation of medicine to public health comprises the third section of the Association's exhibit. The fourth will show the rôle of physics in modern medicine by animated explanations of the hypodermic and thermometer, the x-ray machine and the microscope.

The California Medical Association, through its Cancer Commission, is sponsoring one of the most vital exhibits in the Hall of Science. Nonsensational in character, this display gives accurate, nonevasive answers to such queries as: What is cancer? What causes it? Is it inheritable? How does cancer spread and cause death?

Demonstrations of chemicals and physical factors which have been found to cause cancer, demonstrations of diagnostic methods and explanations of types of curative treatments will be shown. This exhibit is under the direction of Dr. Alton Kilgore of the Cancer Commission, Dr. T. Henshaw Kelly of the State Medical Association, and Dr. Milton Silverman of the Advisory Committee.

The extensive use of chemistry in daily life will comprise a large section of the exhibit space in the Hall of Science. The rôle of chemical warfare to eliminate disease will be explained by a display showing the treatment of syphilis with modern heavy metal compounds and fever therapy; the treatment of malaria with the new synthetic substitutes for quinin; the treatment of coccal infections such as puerperal fever, streptococci bacteremia, certain types of pneumonia and gonorrhea.

The use of chemicals to fight human and animal disease carriers, and the part played by research chemistry in sanitation and public health, will also be dramatically presented.

A comparison of the ultimate cost of disasters to the nation as against the cost of their prevention will be graphically illustrated. Classifying disasters as "diseases of the social body," the American Red Cross will demonstrate the prevention, relief, and control of catastrophes.

An exhibit showing the use of daphnia magna as the ideal pharmacological test animal is expected to open up whole new fields of experimentation. A transparent crustacean, daphnia possesses well-developed muscular, nervous and glandular systems, hence it serves as an excellent test animal for detection of the presence or absence of substances affecting these systems.

ANNUAL REGISTRATION DUE ON JANUARY 1, 1939

Every practitioner of medicine and surgery holding a license to practice in California is required by law to register annually, on or before January 1, with the secretary-treasurer of the Board of Medical Examiners and at that time to pay a fee of \$2. Failure to pay the required fee within sixty days after January 1 works a revocation of a license and thereafter a license may be reissued only after application and the payment of a \$10 penalty.

The addresses of the offices of the Board of Medical Examiners of the State of California appear in every issue of

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

* For California Medical Association cancer exhibit item, see page 51.

CALIFORNIA AND WESTERN MEDICINE, under the roster of miscellaneous California medical organizations, at the bottom of advertising page 6.

RADIO PERIOD DIALOGUE ON STATE HUMANE DOG-POUND ACT (INITIATIVE NO. 2)

A radio broadcast against Initiative No. 2, and sponsored by the Los Angeles County Medical Association, was placed on the air prior to the November 8, 1938, state election. Because it may be of value to others when called upon to oppose the antivivisectionists groups, the script is given a place in this issue. Readers may enjoy reading the dialogue. (See advertising page 39 for the text.)

EXHIBIT OF PLANS FOR MODERN OFFICES FOR PHYSICIANS

At the 1939 annual meeting of the California Medical Association it is desired to have in the Scientific Exhibit a booth devoted to pictures and floor plans of modern offices for physicians.

The assistance of all members who have recently constructed new offices would be appreciated by the Scientific Committee, and if those who would help in this will send their names in to the central office of the Association, 450 Sutter, San Francisco, the Committee will then advise them as to further details of the exhibit.

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE

The second Pacific Coast conference was held at Portland, Oregon, December 4. The meeting was attended by representatives from California, Idaho, Oregon, and Washington.

Organized medicine now finds itself faced with so many problems and so much to consider that every possible method of reaching solutions must be utilized. With expectation that the Pacific States might help one another in solution of similar problems, the first Pacific Coast conference was called in San Francisco last February. Those in attendance were impressed with the unity of needs of organized medicine in the Pacific region and, therefore, anticipated an even more valuable conference when Charles Sears, President of the Oregon State Medical Society, invited representatives from Arizona, California, Idaho, Nevada, and Washington to meet with the Oregon group in Portland.

Such similarity of problems and so many matters of regional interest were brought to light, and so much information was given on activities of neighboring state organizations, that the conference was established as a permanent organization. By-laws of the organization were presented by a committee of which Dr. George H. Kress of California was chairman. Henceforth it is to be known as the Pacific States Medical Executives' Conference and will draw its personnel from those in positions of responsibility in state associations of California, Idaho, Montana, Nevada, Oregon, Utah, Washington, and Wyoming. The next meeting is scheduled for Seattle.

The by-laws provide that the conference is not to be a legislative body, but is intended only to be mutually advisory and a means of trading ideas for solution of problems confronting state organizations of the Pacific region.

The most interesting feature of the Portland meeting was the discussion by members of the California delegation of plans to be brought before a special meeting of the California House of Delegates on December 17. Owing to the importance of the proposals revealed and the fact that they had not yet been officially acted on, the California participants requested that their discussion remain unreported. Official report of the coming meeting of the California

House of Delegates will reveal the extensive nature of the far-reaching plans proposed for California. Those in attendance at the Portland conference appreciated the opportunity of this preview afforded by the California delegation, and the many questions brought out were evidence of the interest evoked.

Next in interest was the discussion of several federal activities in regard to medical care. The first discussion on these matters came from V. W. Spickard of Seattle, who warned of the attempts of welfare and social departments to obtain administrative authority over funds now appropriated and probably to be appropriated by the Federal Government in the coming legislative session. It was his thought that such funds, appropriated for furthering health activities, should be administered as far as possible through state boards of health or state health departments. It was suggested that the advantages of such power might be misused by such departments of health as were not in close contact with the aims and purposes of organized medicine. This objection, however, was answered when it was brought out that, as a general principle, state departments of health are usually more closely attuned to the ideals of organized medicine than are departments of social welfare. All representatives at the conference saw the importance of this suggestion, and a resolution was passed to the effect that each state organization make vigorous effort to have federal funds for health activities controlled by state departments of health rather than by departments of welfare.

As a portion of the discussion on federal funds, the proposals of the federal farm security plans for medical care were discussed. The consensus was that it is possible to handle this type of work only through county and local societies. Since it has been extremely difficult to get the federal administrator to accept any responsibility for statewide plans, it was brought out that the local societies should be cautioned against accepting fee schedules too small to provide adequate service. Fear was expressed that acceptance by one county society of very small fees might be used to influence other societies toward unpractical contracts.

The afternoon session of the conference brought out a discussion of methods of publicizing organization policies and activities to both the medical profession and the lay public. The meeting was closed after discussion by Martzloff of Oregon and Dudley of Washington on malpractice insurance. Oregon's plan of granting monopoly to one insurance carrier was explained in some detail by Martzloff. He stated that cost of insurance to members of the Oregon State Medical Society had by this plan been reduced to unbelievably low figures, suits had markedly diminished in number, and splendid cooperation had been obtained between the insurer and the society. Dudley explained the workings of the Washington State Medical Defense Fund.

Those in attendance at the meeting were Charles Sears, president of the Oregon State Medical Society, chairman of the conference; John Fitzgibbon, Portland, Oregon, delegate to the American Medical Association; Morris Bridgeman, Portland, secretary, Oregon State Medical Society; Mr. Clyde Foley, executive secretary, Oregon State Medical Society and secretary of the conference; Charles Manlove, hospital executive of Portland; Charles Hunt, Eugene, president-elect, Oregon State Medical Society; Karl Martzloff, Portland, member of the Council of the Oregon State Medical Society. Other members of the Council of the Oregon State Medical Society were Leslie Kent, Eugene; Frank Power, Salem, and George Henton, Portland. Ralph A. Fenton, Portland, trustee of the American Medical Association, was also present. Washington was represented by Harry Rhodehamel, Spokane, president of the Washington State Medical Association; V. W. Spickard, Seattle, secretary of the Washington State Medical Association; Mr. Jack Geoffroy, executive secretary, Washington State Medical Association; Ray Zech, Seattle, delegate to the American Medical Association; C. W. Knudson, president, King County Medical Society and



PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE, HELD IN PORTLAND, OREGON, SUNDAY, DECEMBER 4, 1938

Front row (Left to Right): Dr. J. N. Davis, Twin Falls, Idaho, Secretary, Idaho State Medical Association; Dr. Charles E. Sears, Portland, Oregon, President, Oregon State Medical Society; Dr. George G. Reinle, Oakland, California, Ex-President and Chairman of Committee on Public Relations, California Medical Association; Dr. Charles A. Dukes, Oakland, California, President-elect, California Medical Association; Dr. F. C. Gibson, Potlatch, Idaho, President, Idaho State Medical Association; Dr. Homer D. Dudley, Seattle, Washington, Chairman, Board of Governors of Defense Fund, Washington State Medical Association; Dr. V. W. Spickard, Seattle, Washington, Secretary-Treasurer, Washington State Medical Association; Dr. Herbert L. Hartley, Seattle, Washington, Assistant Editor of Northwest Medicine, Washington State Medical Association; Dr. George E. Henton, Portland, Oregon, Third Vice-President, Oregon State Medical Society.

Middle row (Left to Right): Mr. Jack M. Geoffroy, Seattle, Washington, Executive Secretary, Washington State Medical Association; Dr. S. P. Cromer, Chicago, Illinois, member of the staff of the Council on Medical Education and Hospitals of the American Medical Association; Dr. Clarence W. Knutson, Seattle, Washington, President, Public Health League of Washington; Dr. Raymond L. Zech, Seattle, Washington, Delegate to the American Medical Association, Washington State Medical Association; Dr. C. H. Manlove, Portland, Oregon, Superintendent, Good Samaritan Hospital and representing the Oregon Association of Hospitals, Oregon State Medical Society; Dr. Richard B. Adams, Portland, Oregon, member, Committee on Public Policy, Oregon State Medical Society; Dr. John H. Fitzgibbon, Portland, Oregon, Delegate to American Medical Association, Oregon State Medical Society; Dr. Albert I. Bouffleur, Seattle; Mr. Clyde C. Foley, Executive Secretary, Oregon State Medical Society; Dr. L. S. Kent, Eugene, Oregon, Councilor-at-large, Oregon State Medical Society; Dr. Stanley Lamb, Portland, Oregon; Dr. Charles E. Hunt, Eugene, Oregon, President-elect, Oregon State Medical Society; Dr. F. B. Freeland, Warm Springs, Oregon; Dr. W. H. Bueermann, Portland, Oregon; Dr. George H. Kress, San Francisco, California, Secretary, California Medical Association.

Back row (Left to Right): Dr. H. E. Rhodehamel, Spokane, Washington, President, Washington State Medical Association; Dr. J. C. Hayes, Medford, Oregon, Councilor, Fourth District, Oregon State Medical Society; Dr. Morris L. Bridgeman, Portland, Oregon, Secretary, Oregon State Medical Society; Mr. John J. Coughlin, Portland, Oregon, Legal Counsel, Oregon State Medical Society; Dr. C. W. McCain, Hood River, Oregon, President, Mid-Columbia Medical Society; Dr. R. W. Hemingway, Bend, Oregon, Councilor, Fifth District, Oregon State Medical Society; Dr. H. R. Kauffman, Toledo, Oregon; Dr. Guy L. Boyden, Portland, Oregon, Councilor, First District, Oregon State Medical Society; Dr. L. M. Bain, Albany, Oregon, Secretary, Linn County Medical Society; Dr. F. L. Ralston, La Grande, Oregon, Second Vice-President, Oregon State Medical Society; Dr. H. M. Francis, Corvallis, Oregon; Dr. F. K. Power, Salem, Oregon, member, Bureau of Medical Economics, Oregon State Medical Society.

Washington Public Health League; H. D. Dudley, Seattle, director of the Medical Defense Fund; and H. L. Hartley, Seattle, assistant editor, *Northwest Medicine*. Idaho was represented by Frank Gibson, Potlatch, president, Idaho State Medical Association, and J. N. Davis, Twin Falls, secretary. The California delegation consisted of Charles Dukes, Oakland, president-elect of the California Medical Association; George Reinle, Oakland, chairman of Public Relations Committee of California Medical Association, and George H. Kress, San Francisco, secretary of the California Medical Association and editor of *CALIFORNIA AND WESTERN MEDICINE*.

EXHIBIT AT THE GOLDEN GATE FAIR*

Causes and Cure of Cancer

Organized medicine will teach the public that the cause of cancer may lurk in about forty innocent-appearing chemicals, and even overexposure of the body to light, in a special exhibit at the 1939 Exposition, it was learned yesterday.

The exhibit, to be sponsored by the California Medical Society, will vividly display the chemicals involved, most

of which are derivatives or impurities of coal tar and some types of paraffin.

The coal-tar products are used to make aniline dyes, aromatic substances and other articles coming into increased use with the advance of chemistry into industry.

A Warning

The medical exhibit will warn the public against excessive doses of strong light and heat, such as sun bathing or overexposure to any form of lamp rays, and against repeated contact with radium substances.

The cancer specialists said they would teach that chronic irritation, injury, and infection could help to give cancer a start, but, they added, "contrary to popular belief, these alone never cause cancer."

"Cancer can be cured," said another pronouncement, "but cure is possible only if the disease is recognized early and treatment is started before the disease has spread."

The exhibit will include graphs, showing the proportionate decline of the patient's chances as the disease spreads.

In lip cancer they will say that all cases can be cured if caught before the disease agent reached one gland; 70 per cent can be cured after spreading to only one gland under the jaw; and 40 per cent after reaching two glands.

* For other article on the Fair, see page 49.

Chances of Cure

It will say, further, that cancer of the breast can be cured in 70 per cent of the cases if caught before reaching one arm-pit gland; in 18 per cent after reaching one gland there; but in only 5 per cent of cases after spreading to two arm-pit glands.

The exhibit will be under the supervision of Dr. T. Henshaw Kelly of the California Medical Society; Dr. Alson Kilgore of the California Cancer Commission, a division of the State Medical Association; and Dr. Milton Silverman, head of the Exposition's science staff.—San Francisco *Chronicle*, December 26, 1938.

COMPONENT COUNTY MEDICAL SOCIETIES

HUMBOLDT COUNTY

The Humboldt County Medical Society met on the evening of November 7 at the Eureka Inn.

The meeting was presided over by the president, Dr. Francis Stump. Twenty-one members and the following visitors were present: Dr. William W. Roblee, President of the California Medical Association; Dr. George H. Kress, Secretary of the State Association; and Dr. Henry S. Rogers, Councilor of the Ninth District.

Dr. Max Goodman of Eureka presented an excellent paper, and the visiting officers spoke on action and legislation of the State Association and the cooperation the county societies can give the State officers.

The following officers were elected for the year 1939: Samuel P. Burre, president; John S. Chain, vice-president; John A. Lane, treasurer; Joseph S. Woolford, secretary; Wilson Stegeman, delegate; Lane Falk, alternate.

LAWRENCE A. WING, *Secretary*.

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MARIN COUNTY

Dr. Karl A. Schaupp addressed the combined meeting of the Marin County Medical Society and its Auxiliary on the present outlook regarding medicine in California. There was a good attendance at the meeting, which was held at the Marin Golf and Country Club, and all were well pleased with his explanation of the situation.

CARL W. CLARK, *Secretary*.

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MENDOCINO-LAKE COUNTY

The members of the Mendocino-Lake County Medical Society were guests of Doctor Cushman at Talmage on Saturday evening, December 10, 1938, at 7:30 o'clock. The doctors' wives, as well as the dentists and their wives, were invited. The dinner was followed by two movies, furnished by Dr. William P. Shepherd of the Metropolitan Life Insurance Company. The subject matter of these movies dealt with *Pneumonia*—one of them for lay audiences, and the other for physicians. Dr. George H. Kress, Secretary of the California Medical Association, was present and spoke on *Problems in Medical Organization*.

Report was made on the gratifying election returns on Amendment No. 2.

Attention was called to the special meeting of the House of Delegates, scheduled for December 17, to consider a state-wide health service.

ROBERT B. SMALLEY, *Secretary*.

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SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Dave Dozier, on November 15, 1938, at the Auditorium. There were seventy-two members and guests present.

The society was honored by the presence of Dr. William W. Roblee, President of the California Medical Association, and Dr. George H. Kress, the Association Secretary.

Doctor Roblee discussed *The Functions of the California Medical Association*, and the important subject of *Medical Service Plans*. A brief outline of the plan now being formulated by the California Medical Association was presented. Doctor Kress discussed *Present Medical Trends and the Postgraduate Conferences*. After some discussion a motion was made by Doctor Ankele that the Sacramento Society for Medical Improvement endorse and support the action of the Council of the California Medical Association in working out plans for medical care. The motion was passed.

The applications for membership of Drs. W. Harding, J. Dillon, and A. M. Henderson, Jr., were read for the first time.

Dr. Ralph Teall made a motion that the Society express its appreciation to the Womans' Auxiliary for the able assistance given in the recent election to defeat Proposition No. 2. The motion passed unanimously.

There being no further business the meeting was adjourned.

G. E. MILLAR, *Secretary*.

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SAN JOAQUIN COUNTY

The regular annual supper meeting of the San Joaquin County Medical Society was held at the Hotel Wolf roof garden, December 1, 1938. The meeting was called to order by the president, Dr. A. C. Boehmer, at 7:45 p. m.

A motion from the floor was made that the reading of the minutes of the preceding meeting and the financial statement of the secretary be dispensed with. The motion carried.

The Election Committee reported the following results on the ballot for officers of 1939: N. P. Johnson, president; Frank Vieira, first vice-president; R. L. Owens, second vice-president; G. H. Rohrbacher, secretary-treasurer; A. C. Boehmer, J. O. Eccleston, T. W. Kyddson, D. R. Powell, H. C. Rixford, V. R. Ross, and G. K. Wever, directors; Frank Doughty, G. H. Sanderson, and Dewey Powell, delegates; C. A. Broadus, R. T. McGurk, and C. V. Thompson, alternates.

Dr. Dewey Powell delivered a eulogy on the passing of Dr. Elmer William Weirich of Angels Camp.

Doctor Eccleston announced that there would be a new form for the American Medical Association survey presented to the Society in the next week or ten days, and asked for cooperation in the filling out of it.

Dr. C. A. Broadus presented the certificates of those who were accepted as Fellows in the Medical Academy of Graduate Study.

President A. C. Boehmer stated that this was the last meeting he would preside over, as he will be in Chicago in January. He thanked the Board of Directors and the Society for a successful year.

The paper of the evening was presented by Dr. Leo Eloesser of the surgical staff of the Stanford Medical School. Doctor Eloesser sketched the political results for the civil war in Spain and talked on the *Medical Problem of the War as Viewed from the Loyalists' Side*. His paper was illustrated by lantern slides, showing the equipment used and types of field hospitals. This paper was extremely interesting and caused considerable comment and questions from the floor.

There being no further business to come before the Society, the meeting was adjourned at 11:05 p. m.

G. H. ROHRBACHER, *Secretary*.

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TULARE COUNTY

A regular meeting of the Tulare County Medical Society was held at the Hotel Johnson, Visalia, at 7 p. m., on November 27, 1938. President Elmo Zumwalt called the meeting to order.

Our district councilor, Dr. A. E. Anderson, was present and took up various organization problems. He discussed the *Plan of Medical Service Insurance* which has been

devised by the California Medical Association and urged us to send our delegate to the December meeting. He reported on the appointment of Doctor Scarbrough as district medical advisor for the Agricultural Workers Health and Medical Association. Another plea was made for post-graduate conferences to be held in this district.

The president appointed Dr. Austin Miller of Porterville to attend the December meeting in Los Angeles as delegate from the Tulare County Medical Society.

Dr. Max Goldstein of Fresno was next introduced as guest speaker of the evening. He discussed the *Common Eye, Ear, Nose, and Throat Conditions and Treatment*. The talk was of a very practical nature, and many useful procedures were brought to our attention. A vote of thanks was extended Doctor Goldstein for his efforts in coming to speak to us.

The business session of the evening included the reading of accumulated correspondence. The first subject dealt with the submitted schedule of fees for the Agricultural Workers' Health and Medical Association.

A request was made to have the newly appointed district medical advisor, Doctor Scarbrough, attend our next meeting so that we might clarify the various points in the fee schedule.

A letter was received from *Life* in acknowledgment of our telegram in behalf of their illustrated article regarding animal experimentation.

A letter was read from the Nurses' Association of Tulare County, specifying the new eight-hour duty plan. This was endorsed by the Tulare County Medical Society.

A communication from the Southern California Society for the Control of Syphilis and Gonorrhea was given consideration.

Because of the lateness of the hour, further business was postponed until the next regular meeting. Adjournment took place at 11:30 p. m.

Present at the meeting were Dr. M. Goldstein of Fresno, guest speaker of the evening; Dr. A. E. Anderson, district councilor of Fresno; and the following members and guests: Doctors Zumwalt, Seligman, Betts, Hardin, Kohn, Austin Miller, Fillmore, Burton, Weiss, DeBusk, Ruth, Brigham, P. Miller, Falk, Cronemiller, Powell, Rogers, Annie Bond, Lipson, Zeller, Rosson, Mathias, Zink, Watke, Ginsburg, Seiberth, Ireton, Guido, Neale, and Mr. Carroll.

KARL F. WEISS, *Secretary*.

CHANGES IN MEMBERSHIP

New Members (4)

Alameda County

Robert L. Matteo A. H. Rice

San Diego County

George E. Zukovich

San Francisco County

Konstantine I. Berejkoff

Transferred (7)

Nathan A. Dubin, from San Diego County to Placer County.

Alice Fath, from San Francisco County to Merced County.

C. T. Halburg, from Los Angeles County to San Bernardino County.

Francis T. Raymond, from Riverside County to Orange County.

P. R. Shumaker, from San Joaquin County to Alameda County.

Harry B. Torrey, from Santa Clara County to Alameda County.

Burnett W. Wright, from Los Angeles County to Nashville Academy of Medicine.

In Memoriam

Dundas, Robert Chester. Died at Los Angeles, November 20, 1938, age 70. Graduate of Rush Medical College, University of Chicago, 1890. Licensed in California in 1897. Doctor Dundas was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Fitzpatrick, Earl Berton. Died at Martinez, December 11, 1938, age 51. Graduate of the Oakland College of Medicine and Surgery, 1910, and licensed in California the same year. Doctor Fitzpatrick was a member of the Contra Costa County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Petty, Charles Odell. Died at Fullerton, November 17, 1938, age 67. Graduate of Gross Medical College, Denver, 1900. Licensed in California in 1915. Doctor Petty was a member of the Orange County Medical Society, the California Medical Association, and the American Medical Association.

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Potter, Clarence Denver. Died at Berkeley, December 8, 1938. Graduate of Hahnemann Medical College of the Pacific, San Francisco, 1896, and licensed in California the same year. Doctor Potter was a member of the San Francisco County Medical Association, the California Medical Association, and the American Medical Association.

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Scribner, Richard George. Died at Sacramento, November 19, 1938, age 45. Graduate of the University of California Medical School, San Francisco, 1921, and licensed in California the same year. Doctor Scribner was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and the American Medical Association.

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Sundin, Peter Olaf. Died at Los Angeles, November 29, 1938, age 61. Graduate of the University of Southern California School of Medicine, Los Angeles, 1907, and licensed in California the same year. Doctor Sundin was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Weirich, Elmer Williams. Died at Angels Camp, November 20, 1938, age 72. Graduate of Hahnemann Medical College of the Pacific, San Francisco, 1889. Licensed in California in 1890. Doctor Weirich was a retired member of the San Joaquin County Medical Society, the California Medical Association, and the American Medical Association.

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OBITUARIES

Victor G. Vecki

1857-1938

The recent death of this pioneer member of our society closed a life more full than the average of experience, travel, professional attainment, and culture. Born in 1857 in Zagreb, Yugoslavia, Doctor Vecki was educated in the schools of that city. He received his college education in

the Imperial and Royal University of Vienna, where he also was given his medical degree in 1881. He was a captain in the Austro-Hungarian Army, and Royal Croatian Sanitary Councilor. He came to California in 1892, practicing the first four years in San Jose. He entered practice in San Francisco in 1896. In the first years he had a large general practice, but was one of the pioneers in this city in the speciality of urology. One of his colleagues recently died, Dr. Louis Bazet; and another is still with us and very active, Dr. Paul Campeche.

Doctor Vecki was a member of the American Urological Society, the California State Medical Association, and a Fellow of the American Medical Association. He was our State Medical Society delegate to the latter society for about thirteen years, and was instrumental in bringing the national convention here in 1923. He was the author of many medical articles as well as nonmedical. His latest work was a revision last year of his book on the prevention of premature senility.

Doctor Vecki worked steadily until the beginning of this year and was in his office at intervals up till sixteen days from his death. In his passing we have lost another pioneer of the horse-and-buggy days, a man who was unusually well educated in medicine, and who was well versed in all the phases of the art of living. His widow survives him, as do three sons, Victor J. Vecki, D.D.S.; Marion Vecki, attorney at law; and Morrell Vecki, a member of the San Francisco County Medical Society.

H. M. F. BEHNEMAN, M.D.



Elmer William Weirich 1885-1938

Dr. Elmer William Weirich of Angels Camp, Calaveras County, long a member in good standing in the San Joaquin County Medical Society, passed from this life at his home in Angels Camp on Sunday, November 20, 1938.

Doctor Weirich, a native of Massillon, Ohio, had lived in California fifty-three years, forty-two of which were spent in Angels Camp and the remainder in San Francisco, Murphys, and Copperopolis. For a time he was company physician for the Calaveras Copper Company at Copperopolis, and later in Angels Camp he was physician for the employees of the Carson Hill Mine at Melones. For more than twenty years he was superintendent of the Calaveras County Hospital at San Andreas. Ill health forced his retirement three years ago.

Doctor Weirich was a typical country doctor, administering to the sick. Those unable to pay received the same kindly service as those who could afford to pay. He never hesitated to accept a call, night or day, and was ever ready to aid those in distress.

A leader in his community, he took a deep interest in local, state and national affairs, and for years was active in Republican Party political affairs of the state and served on the County Republican Central Committee for many years.

As owner of a ranch property on the Murphys grade road, he became interested in the affairs of the Calaveras Water Users' Association, and for a number of years was president of that organization and led the fight for irrigation water service in behalf of the farmers in the Angels-Murphys section. He was also a charter member of the Angels Booster Club.

Surviving are his wife, two daughters, both living in Angels Camp, a sister in Ohio, and three grandchildren. To these members of the family the San Joaquin County Medical Society express the very high regard in which Doctor Weirich was held, and extend to them our sincere sympathy in their great loss.

DEWEY POWELL, M.D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. CLIFFORD A. WRIGHT.....President
MRS. FRED H. ZUMWALT.....Chairman on Publicity
MRS. FRANK H. BODIN.....Assistant Chairman on Publicity

Component County Auxiliaries

Alameda County

A book review of the "Horse and Buggy Doctor" by Alfred E. Hertzler, M.D., was given by Mrs. James E. Wales at the regular meeting of the Woman's Auxiliary to the Alameda County Medical Association. The meeting was held at the Claremont Country Club on November 18.

Mrs. A. A. Alexander arranged a very interesting exhibit of medical equipment of the horse and buggy era.

Members brought old toys to be repaired for use at the Toy Loan Center.

Mrs. H. J. Templeton, a member of the Auxiliary, entertained with vocal selections, accompanied by Mrs. F. A. Bennett.

Mrs. Charles A. Dukes was the hostess of the day, assisted by Mrs. Harry Akesson, who was chairman of reservations.

MRS. GRANT ELLIS, *Publicity Chairman.*



Fresno County

On November 1, Dr. Margaret Smythe, director of the State Hospital for the Insane at Stockton, was the hostess to the members of the Woman's Auxiliary to the Fresno County Medical Society.

It was very interesting and a privilege to walk through the grounds and buildings to see the inmates at their various routine duties. Of particular interest were the descriptions of various cases, the satisfactory response to proper care and the progress made.

Doctor Smythe expressed a desire and stressed the need for a separate institution for children, especially those of adolescent age. In separating the youth from adults more effective measures toward a complete cure might be accomplished.

The group were entertained for luncheon by Doctor Smythe in her beautiful colonial home.

Those who were present went home with the memory and satisfaction of a very pleasant and profitable day.



The University-Sequoia Club was the setting for the annual Hygeia benefit and Christmas party given by the Fresno Woman's Auxiliary on December 6, 1938.

Thirty-seven doctors' wives reserved tables and brought their friends for an enjoyable evening of bridge. The members and guests were received by the president, Mrs. C. M. Vanderburg, assisted by Mrs. Guy Manson.

The doctors of the County Medical Society met on the same evening in the University-Sequoia Club, and at the conclusion of their meeting joined the ladies for a social hour and refreshments.

MRS. CHARLES H. INGRAM, *Publicity Chairman.*

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Frank H. Rodin, Assistant Chairman of the Publicity and Publications Committee, 2457 Bay Street, San Francisco. Brief reports of county auxiliary meetings will be welcomed by Mrs. Rodin and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

Kern County

In October the Woman's Auxiliary to the Kern County Medical Association met at the home of Mrs. P. N. Root.

The program for the evening included a book review of Dr. Alfred E. Hertzler's "Horse and Buggy Doctor."

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The members of the Kern County Medical Association met jointly with the Woman's Auxiliary and guests for dinner in November.

The guest speaker, Dr. Leo Eloesser, gave a description of *Medical Aspects of the Present War in Spain*.

MRS. JOHN J. MCCARTHY, *Secretary*.

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Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Society met at the County Medical Building on November 22, 1938, at 12 noon. The president, Mrs. William H. Leake, presided.

The guest speakers were: Judge Charles W. Fricke of the Superior Court of Los Angeles, who spoke on *Expert Testimony and How a Doctor Should Address a Jury*, and Mr. Clarence George, local editor, who spoke on *Personality*.

Mrs. Leake thanked the members for their splendid work during the recent political campaign.

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Approximately \$200 was raised at a benefit given on November 29 for Christmas baskets to be distributed to needy families.

Over two hundred doctors and their wives attended the performance of "The Three-Cornered Moon," directed by Mr. Henry Duffy at the Las Palmas Theater.

The president, Mrs. William H. Leake, and her committee, which included Mesdames A. Brockway, J. Martin Askey, William Daniel, C. W. Irish, Paul D. Foster and Karl Von Hagen, were gratified by the large attendance and the success of the undertaking.

MRS. KARL VON HAGEN, *Publicity Chairman*.

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Marin County

The Sleepy Hollow Country Club was the meeting place for the Woman's Auxiliary to the Marin County Medical Association on October 27 at the dinner hour. The president, Mrs. Bernard Conroy, presided. Twenty-four members were present.

Mrs. Conroy appointed the following chairmen: Mrs. F. Lowe, Membership and Organization; Mrs. Robert Furlong, Program and Health; Mesdames A. Miller and D. Fowler, Hygeia; Mrs. G. Landrock, Public Relations; and Mrs. C. DeLancey, Publicity.

A letter was read inviting the Auxiliary to send a delegate to a community meeting for the consideration of organizing a county health clinic and the appointment of a county health officer. After thoroughly discussing the subject the matter was referred to the Advisory Committee of the Marin County Medical Society, who were meeting at the same time and place. They ruled that the Auxiliary may send an uninstructed delegate to the meeting.

Mrs. Conroy introduced Mrs. Frank H. Rodin, the guest speaker, whose subject was *Health Education*. She caused the members to feel that they had an important part and definite responsibility in spreading the knowledge of healthy living in our community.

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A very interesting program was presented to the members and guests of the Woman's Auxiliary of Marin County

at their dinner meeting held at the Marin Golf and Country Club at 7 p. m., on December 2. The president, Mrs. Bernard Conroy, presided. Twenty-three members were present.

A committee of six was appointed to make the necessary arrangements for a bridge tea to be given in January, the proceeds of which are to be used for a philanthropic project.

The doctors of the Marin County Medical Association meeting at the same time and place, discovered after dinner that they were without a speaker, so they joined the women for their program.

Mrs. Conroy introduced the speakers of the evening: Dr. Henry Rogers, Councilor for the Ninth District, spoke on *The Farmers' Reaction to Socialized Medicine*.

Dr. Karl Schaupp, a member of the Committee on Hospitals, Dispensaries, and Clinics, presented a very clear and definite outline of *A State Socialized Medical Program*. He advised the medical profession to study the proposed plans and take an active interest now, rather than "wake up" and find a program forced upon them that might be neither agreeable nor practical. "A medical program of necessity should be framed by a medical group."

MRS. C. A. DE LANCEY, *Publicity Chairman*.

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Sacramento County

The November meeting of the Woman's Auxiliary to the Sacramento Society for Medical Improvement was held at the home of Mrs. Burt Howard.

After an interesting business meeting, Mrs. Harold Trimble, State Chairman of Hygeia, spoke to the members of the importance of the *Hygeia*, health magazine, to the Auxiliary and the community, urging the members to subscribe and also to interest their friends in subscribing.

The Auxiliary was entertained by a tableau, *The Seven Ages of Man*, ably presented by the following members: Mesdames George Spencer, W. Pope, S. Christian, Gustave Wilson, M. Lipp, Glen Harding, and James Yant.

MRS. O. F. JOHNSON, *Publicity Chairman*.

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San Diego County

The fourth and very successful Public Health Institute was held by the Woman's Auxiliary to the San Diego County Medical Society on November 1 at the House of Hospitality in Balboa Park.

This Public Health Institute was arranged to provide authentic scientific medical information to the community of San Diego.

Mrs. F. J. Lindenmulder was chairman of program, assisted by Mesdames C. O. Tanner, Emil Black, R. A. Schneider, and E. H. Christopherson, who acted as ushers.

The program was divided into two sessions, both of which were very well attended. At the morning session, subjects concerning the health of the school child were presented as follows:

Dr. S. J. McClendon, pediatrician, discussed *The Problems of Contagious Diseases of the School Child*, stressing the importance of the early prevention of contagious diseases.

An illustrated talk on the *Care of the School Child's Teeth* was given by Dr. Harvey Stallard, dentist.

Dr. R. Emerson Bond spoke on *Pertinent Legislation*.

The mothers of growing children were especially invited to attend this institute.

The evening session took place in the auditorium of the House of Hospitality at 8 p. m.

Dr. C. O. Tanner opened the evening session with a talk on *Pertinent Legislation*.

The Control of Venereal Diseases as a Government Function was presented by Dr. Ralph Mullenix.

A panel discussion on *Tuberculosis* was led by Mrs. Willard Newman, with Doctors Bryant Simpson, President of the San Diego County Medical Society, Stephen A. Parowski, and R. A. Schneiders discussing the subject and answering questions from the floor.

MRS. H. K. ALBERTSON, *Publicity Chairman*.



San Joaquin County

The December meeting of the Woman's Auxiliary to the San Joaquin County Medical Society was held at the home of Mrs. Percy B. Gallegos. Twenty-four members were present.

The Auxiliary is carrying on a plan which was adopted last year. Each member contributes \$1 to the Hygeia Fund, which enables them to place subscriptions to *Hygeia* in schools, beauty shops, clubs for adolescent children, and other organizations.

At the conclusion of the business meeting a delightful program of Christmas tales and music was presented by the talented new member, Mrs. Ellis Harbert.

A social hour concluded the meeting.

MRS. GEORGE K. WEVER, *President*.



San Mateo County

The doctors of the San Mateo County Medical Society were the guests of the Woman's Auxiliary at their meeting on November 16 at the Benjamin Franklin Hotel.

The guest speaker, Dr. Chauncey Leake, chief of the Department of Pharmacology at the University of California, gave a very enlightening talk on *Drug Foolishness*. An interesting question period followed, and at the conclusion Dr. Paul Hanzlik discussed the subject for fifteen minutes.



The next meeting will take place at the Benjamin Franklin Hotel on January 23, where the members will meet for dinner.

Following the business meeting, Mrs. Paul Hanzlik will give a book review.

MRS. J. G. BRIGMAN, *Publicity Chairman*.



Santa Cruz County

The president, Mrs. Alfred L. Phillips, presided at the luncheon meeting of the Woman's Auxiliary to the Santa Cruz County Medical Society at Deer Park Tavern on November 28.

Doctor Havenhill gave a talk on the *Prevention and Cure of Cancer*, illustrated by pictures and microscopic slides.

Due to holiday activities, it was voted that there would be no meeting in December. The next regular meeting will take place in January, at which time *Socialized Medicine* will be discussed.

MRS. R. C. ALSBERG,

Recording Secretary and Publicity Chairman.

NEVADA STATE MEDICAL ASSOCIATION

Minutes of the Thirty-Fifth Annual Meeting of the Nevada State Medical Association, Held at Reno, Nevada, September 23-24, 1938†

The thirty-fifth annual meeting of the Nevada State Medical Association was called to order at 9:45 a. m. at Bowers Mansion, with President Harry W. Sawyer, presiding.

Doctor Sawyer then gave the president's address.*

† A digest of the minutes of the business sessions will appear in the February issue of CALIFORNIA AND WESTERN MEDICINE.

* President Sawyer's address appears in this issue of CALIFORNIA AND WESTERN MEDICINE, on page 20.

PROGRAM

Friday, September 23, 1938

After the address of President Sawyer, the scientific program was commenced and the following papers were presented:

Chronic Allergy in Medical Practice, by Albert H. Rowe of Oakland, California. Discussed by J. A. Fuller and Earle L. Creveling.

Postoperative Distention: Prevention and Treatment, by A. R. Kilgore of San Francisco, California.

Kidney Infections: Pyelographic Diagnosis, by Miley B. Wesson of San Francisco.

Mental Disease as Met in General Practice, by R. A. Cushman of Talmage, California.

This concluded the scientific program for the day and recess was taken for lunch, which was served in the patio at Bowers Mansion.

Saturday, September 24, 1938

The meeting was called to order at Bowers Mansion at 9:40 a. m. by President H. W. Sawyer. The scientific program was immediately taken up and was as follows:

Complications of Pneumonia, by Philip King Brown of San Francisco.

Gastric and Duodenal Ulcer—The Case Against Gastroenterostomy, by Ernst Gehrels of San Francisco.

The Common Proctologic Disorders, by William H. Daniel of Los Angeles. Illustrated with motion pictures.

New Anesthetics and Methods—Carbon Dioxid Absorption with Cyclopropane, by A. R. Da Costa of Reno. Motion-picture demonstration.

Congenital Syphilis, by L. R. Brigman of Reno.

American Medical Association Radio Broadcasts.—The fourth series of programs broadcast in dramatic form portraying fictitious but typical incidents of significance in relation to health by the American Medical Association and the National Broadcasting Company, entitled "Your Health," began Wednesday, October 19, and will run consecutively for thirty-six weeks, *The Journal of the American Medical Association* for November 19 announces. The program is broadcast over the Blue network of the National Broadcasting Company each Wednesday at 2 p. m. eastern standard time (1 p. m. central standard time, 12 noon mountain time, 11 a. m. Pacific time).

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the program, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

When to Select a Physician.—Before any medical emergency knocks at your door, become acquainted with a physician you know is reliable and, above all, who knows you, is the advice given by Edward D. Nix, Chicago, in "Beating Trouble to the Punch," appearing in the January issue of *Hygeia, the Health Magazine*.

To you who have moved into a strange community since you last saw your doctor, the author says, get acquainted with a physician while you and your family are all well. A letter to your last doctor, a nearby hospital or the local medical society will give you the names of two or three good physicians.

Then call one of them to your home to meet your family. When the need arises, often so unexpectedly, he knows with whom he is dealing and thus is immeasurably better equipped to meet any situation with a quick and accurate definition of the best plan of battle.

Do not measure age by the years that have flown, or yet by the mirror; it, too, may deceive. Measure it by the present condition of the human machine, by estimating the reserve stock of health, vitality and the apparent life-enjoying capacity remaining.